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| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | Identify Yourself   |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Shanita                    |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued picture identification (for example, your driver's | Middle name<br>Short       | Middle name                                   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.       | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last<br>8 years  | First name                 | First name                                    |
|    | Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social                                     | XXX - XX                   | xxx - xx-                                     |
|    | Security number or federal Individual                                     | OR                         | OR  |
|    | Taxpayer Identification number (ITIN)                                     | 9 xx - xx-                 | 9 xx - xx-                                    |

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| Debtor 1 Shanita First Name                                  | Short Middle Name Last Name   | Case number (if known)   |
|--|---|--|
|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name   | Business name  |
| 8 years Include trade names and                              | Business name   | Business name  |
| doing business as names                                      | EIN   | EIN  |
|  | EIN   | EIN  |
| 5. Where you live  | 2440 S. Cottono Crovo Avenue  | If Debtor 2 lives at a different address:  |
|  | 3440 S. Cottage Grove Avenue  Number Street  903  | Number Street  |
|  | ChicagoIllinois60616CityStateZip Code   | City State Zip Code  |
|  | Cook<br>County  | County   |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street   | Number Street  |
|  | City State Zip Code   | City State Zip Code  |
| 6. Why you are choosing this district                        | Check one:  | Check one:   |
| to file for bankruptcy                                       | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

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| De | btor 1 Shanita  | Short Case number (if known)  |           |
|----|---|---|-----------|
|    | First Name  | Middle Name Last Name   |           |
| Pa | rt 2: Tell the Court Abo  | ut Your Bankruptcy Case   |           |
|    | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12  Chapter 13   |           |
|    | How you will pay the fee  | <ul> <li>✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul>   | v, a<br>f |
|    | Have you filed for bankruptcy within the last 8 years?  | ✓ No.           Yes. District         When MM / DD / YYYY         Case number MM / DD / YYYY           District         When MM / DD / YYYYY         Case number MM / DD / YYYYY  |           |
|    | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.     Yes. Debtor Relationship to you   District When   Debtor Case number, if known   Debtor Relationship to you    Case number, if known  MM / DD / YYYYY  Case number, if kn |           |
|    | Do you rent your residence?   | <ul> <li>No. Go to line 12.</li> <li>✓ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</li> <li>✓ No. Go to line 12.</li> <li>✓ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>   |           |

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Short Debtor 1 Shanita \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Shanita Short Case number (if known)
First Name Middle Name Last Name

| Pa  | rt 5: Explain Your Effor  | rts to Receive a Brie   | fing About Credit Counseling  |                       |  |  |   |
|-----|---|---|---|-----------------------|--|--|---|
|     |   | About Debtor 1:   |   | Abou                  | t Debtor 2 (Sp   | oouse Only in a Joint Case):   |   |
| 15. | Tell the court  | You must check one:   |   | You m                 | nust check one:  |  |   |
|     | whether you have received briefing about credit counseling.   | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.   | Co<br>file            | unseling ager  | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  |   |
|     | The law requires that you receive a briefing  |   | the certificate and the payment plan, veloped with the agency.  |                       |  | he certificate and the payment plan, veloped with the agency.  |   |
|     | about credit<br>counseling before you<br>file for bankruptcy.<br>You must truthfully                      | counseling agen   | ring from an approved credit<br>ncy within the 180 days before I<br>optcy petition, but I do not have a<br>mpletion.  | Co<br>file            | unseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.   |   |
|     | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |   | er you file this bankruptcy petition, opy of the certificate and payment  | yo                    |  | er you file this bankruptcy petition, opy of the certificate and payment   |   |
|     | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                   | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                  | fro<br>ok<br>m        | om an approve<br>otain those ser<br>ade my reques            | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>et, and exigent circumstances<br>emporary waiver of the                 | ; |
|     | creditors can begin<br>collection activities<br>again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this    | re<br>eff<br>un<br>wh | quirement, attac<br>forts you made<br>nable to obtain it     | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this   | t |
|     |   |   | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.  | wi                    |  | e dismissed if the court is dissatisfied<br>for not receiving a briefing before<br>ruptcy.   |   |
|     |   | receive a briefing<br>must file a certifica<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | re<br>mı<br>wi        | ceive a briefing<br>ust file a certifica<br>th a copy of the | offied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if anyo, your case may be dismissed. |   |
|     |   |   | he 30-day deadline is granted only<br>mited to a maximum of 15 days.  |                       |  | the 30-day deadline is granted only mited to a maximum of 15 days.   |   |
|     |   | I am not required counseling beca                                 | d to receive a briefing about credit ause of:   |                       | m not require<br>ounseling beca                              | d to receive a briefing about credi<br>ause of:  | t |
|     |   | ☐ Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |                       | Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |   |
|     |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.      |                       | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |   |
|     |   | Active duty.  | I am currently on active military duty in a military combat zone.   |                       | Active duty.   | I am currently on active military duty in a military combat zone.  |   |
|     |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   | ab                    | out credit cour  | are not required to receive a briefin iseling, you must file a motion for ounseling with the court.  | g |
|     |   |   |   |                       |  |  |   |

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Shanita Short Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 12/1/2016 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Shanita                                 |                             | Short                 | Case number (if k          | rnown)  |
|--|-----------------------------|-----------------------|----------------------------|---|
| First Name                                       | Middle Name                 | Last Name             |                            |   |
| For your attorney, if you are represented by one | eligibility to proceed und  | der Chapter 7, 11, 12 | or 13 of title 11, United  | ave informed the debtor(s) about<br>I States Code, and have explained the<br>Iso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ   | ired by 11 U.S.C. § 3 | 342(b) and, in a case in w | hich § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | . ,                         |                       |                            | ules filed with the petition is incorrect.  |
| attorney, you do not                             | •                           | , ,                   |                            | •   |
| need to file this page.                          | /s/ Mike Miller             |                       | Date                       | 12/1/2016   |
|  | Signature of Attorney f     | or Debtor             | MI                         | M / DD / YYYY   |
|  | eig.iaiaie ei / iiie.iie) i | 0. 200.0.             |                            |   |
|  |                             |                       |                            |   |
|  | Mike Miller                 |                       |                            |   |
|  | Printed name                |                       |                            |   |
|  |                             |                       |                            |   |
|  | Semrad Law Firm             |                       |                            |   |
|  | Firm name                   |                       |                            |   |
|  | 20 S. Clark Street          |                       |                            |   |
|  | Street                      |                       |                            |   |
|  | 28th Floor                  |                       |                            |   |
|  |                             |                       |                            |   |
|  | Chicago                     |                       | Illinois                   | 60603   |
|  | City                        |                       | State                      | Zip Code  |
|  |                             |                       |                            |   |
|  | Contact phone               | 3122568728            | Email address              | mmiller@semradlaw.com   |
|  |                             |                       |                            |   |
|  |                             |                       | Illinois                   |   |
|  | Bar number                  | ·                     | State                      |   |

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| Fill in this infor        | mation to identify your ca | ase:        |                      |
|---------------------------|----------------------------|-------------|----------------------|
| Debtor 1                  | Shanita                    |             | Short                |
|                           | First Name                 | Middle Name | Last Name            |
| Debtor 2                  |                            |             |                      |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |
| United States E           | Sankruptcy Court for the:  | Northern    | District of Illinois |
|                           |                            |             | (State)              |
| Case number<br>(If known) |                            |             |                      |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|   | Your assets<br>Value of what you own              |
|---|---|
| . Schedule A/B: Property (Official Form 106A/B)   | \$0.00  |
| 1a. Copy line 55, Total real estate, from Schedule A/B  | <u> </u>  |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$14,520.00                                       |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$14,520.00                                       |
| Part 2: Summarize Your Liabilities  |   |
|   | Your liabilities<br>Amount you owe                |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$15,468.00                                       |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$8,682.00<br>——————————————————————————————————— |
| Your total liabilities  | \$24,150.00                                       |
| Part 3: Summarize Your Income and Expenses  |   |
| 1. Schedule I: Your Income (Official Form 106I)   | ¢0.047.10   |
| Copy your combined monthly income from line 12 of Schedule I  | \$2,847.13  |
| 5. Schedule J: Your Expenses (Official Form 106J)   | \$2,432.00  |
|   |   |

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Short Debtor 1 Shanita \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$3,564.08 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | inforn                   | nation to identify your c   | ase:  |                      |   |   |  |   |
|--|--------------------------|---|---|----------------------|---|---|--|---|
| Debtor 1                               |                          | Shanita   |   |                      | Short   |   |  |   |
| Debtor                                 |                          | First Name  | Middle N  | Name                 | Last Nam  | ie  |  |   |
| Debtor 2<br>(Spouse, if fil            | ing)                     | First Name  | Middle N  | Name                 | Last Nam  | ne .  |  |   |
| United Sta                             | ates Ba                  | ankruptcy Court for the:  | Northern  |                      | District of Illino                                      |   |  |   |
| Case num                               |                          |   |   |                      | (Stat   | te)   |  |   |
| (If known)                             |                          | 100A/D  |   |                      |   |   |  | Check if this is an   |
|  |                          | orm 106A/B  |   |                      |   |   |  | amended filing  |
| Sched                                  | dule                     | e A/B: Prope  | erty  |                      |   |   |  | 12/1  |
| category v<br>responsibl<br>write your | where<br>e for s<br>name | you think it fits best. E<br>supplying correct infor<br>and case number (if k | Be as complete a<br>mation. If more s<br>known). Answer e | nd a<br>pace<br>very | ccurate as possible<br>is needed, attach a<br>question. | . If two married people<br>a separate sheet to th | than one category, list<br>are filing together, bo<br>is form. On the top of a | th are equally  |
| _                                      |                          | ribe Each Residenc  |   |                      |   |   |  |   |
|  |                          | <b>or have any legal or ec</b><br>So to Part 2                                | quitable interest   | in an                | y residence, buildin                                    | g, land, or similar pro                           | perty?   |   |
|  |                          |   |   |                      |   |   |  |   |
| 1.1                                    |                          | Where is the property?  | other description   | Wh                   | at is the property? ( Single-family home                | Check all that apply.                             | the amount of any  | red claims or exemptions. Put<br>secured claims on <i>Schedule D:</i><br><i>c Claims Secured by Property.</i> |
|  | Olicei                   | address, ii avallable, or v   | otirei description  |                      | Duplex or multi-unit                                    | =   | Current value of the   |   |
|  |                          |   |   |                      | Condominium or co-<br>Manufactured or mo                | •   | entire property?   | portion you own?  |
|  | Numl                     | per Street  |   |                      | Land  |   |  |   |
|  | Num                      | Der Street  |   |                      | Investment property Timeshare                           |   | interest (such as f  | re of your ownership<br>ee simple, tenancy by   |
|  | City                     | State   | Zip Code  | H                    | Other   |   | the entireties, or a   | a life estate), if known.   |
|  |                          |   |   | Wh                   |   | the property? Check                               | Check if this i  | s community property<br>ons)  |
|  |                          |   |   |                      | Debtor 1 only   |   | ш  |   |
|  |                          |   |   |                      | Debtor 2 only   |   |  |   |
|  |                          |   |   |                      | Debtor 1 and Debtor                                     | •   |  |   |
|  |                          |   |   |                      | At least one of the de                                  |   |  |   |
|  |                          |   |   |                      | ner information you<br>perty identification             | wish to add about this<br>number:                 | s item, such as local  |   |
| If you                                 | own c                    | or have more than one, li   | ist here:   |                      |   |   |  |   |
|  |                          |   |   | Wh                   | at is the property?                                     | Check all that apply.                             |  | red claims or exemptions. Put secured claims on <i>Schedule D:</i>  |
| 1.2                                    | Street                   | address, if available, or   | other description   | L                    | Single-family home                                      | la Il allian an                                   |  | Claims Secured by Property.   |
|  |                          |   |   | L                    | Duplex or multi-unit Condominium or co                  | · ·   | Current value of the   | ne Current value of the   |
|  |                          |   |   |                      | Manufactured or mo                                      | •   | entire property?   | portion you own?  |
|  |                          |   |   | H                    | Land  |   |  |   |
|  | Numl                     | oer Street  |   |                      | Investment property                                     |   |  | re of your ownership<br>ee simple, tenancy by   |
|  | City                     | State   | Zip Code  |                      | Timeshare<br>Other                                      |   | the entireties, or a   | life estate), if known.   |
|  | ·                        |   | ·   | Wh                   |   | the property? Check                               | Check if this i  | s community property<br>ons)  |
|  |                          |   |   |                      | Debtor 1 only   |   | _  |   |
|  |                          |   |   |                      | Debtor 2 only   |   |  |   |
|  |                          |   |   |                      | Debtor 1 and Debtor                                     | •   |  |   |
|  |                          |   |   |                      | At least one of the de                                  |   |  |   |
|  |                          |   |   |                      | ner information you perty identification                | wish to add about this<br>number:                 | s item, such as local  |   |

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| Debtor 1  | Shanita<br>First Name  | Middle Name                                | Short<br>Last Name  | Case number       | (if known)   |   |
|-----------|--|--|---|-------------------|--|---|
| 1.3Stre   | eet address, if available, or ot                                       | v  | Vhat is the property? Check all that  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | apply.            | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own? |
| Nur       | mber Street  / State   | Zip Code                                   | Land Investment property Timeshare Other  | _                 | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by   |
|           |  | ]<br>]<br>]<br>]                           | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an other information you wish to add property identification number: | other             | Check if this is co<br>(see instructions)                                | mmunity property  |
|           | the dollar value of the po<br>we attached for Part 1. Wo               | rtion you own for a<br>rite that number he | all of your entries from Part 1, incluere.  | uding any entries | for pages  |   |
|           | Describe Your Vehicle  |  | in any vehicles, whether they are   | registered or no  | t? Include any vehicles  |   |
| you own t | that someone else drives. If y<br>ans, trucks, tractors, sport ut<br>o | you lease a vehicle, a                     | also report it on Schedule G: Executo   |                   |  |   |
| 3.1       | Model:<br>Year:  | Hyundai<br>Elantra<br>2015                 | Who has an interest in the proone.  Debtor 1 only   | perty? Check      | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                                     |
|           | Approximate mileage: Other information: 2015 Hyundai Elantra           | 15000                                      | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community  |                   | Current value of the entire property? \$12075.00                         | Current value of the portion you own?<br>\$12075.00   |
| 3.2       | Make<br>Model:<br>Year:  |  | who has an interest in the proone.  Debtor 1 only   | perty? Check      | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  |
|           | Approximate mileage: Other information:                                |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community  |                   | Current value of the entire property?                                    | Current value of the portion you own?   |

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|     | First Name  | Middle Name | Short Case numb  | oer (if known)  |  |
|-----|---|-------------|--|---|--|
| 3.3 | Model:<br>Year:   |             | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any secu  | claims or exemptions. I<br>ured claims on <i>Schedule</i><br>aims Secured by Propen  |
|     | Approximate mileage:  |             | Debtor 2 only  | Current value of the  | Current value of the   |
|     | Other information:  |             | Debtor 1 and Debtor 2 only   | entire property?  | portion you own?   |
|     |   |             | At least one of the debtors and another  |   |  |
|     |   |             | Check if this is community property (see instructions)   |   |  |
| 3.4 | Make  |             | Who has an interest in the property? Check   |   | claims or exemptions.  |
|     | Model:<br>Year:   | <del></del> | one.   | _   | ured claims on <i>Schedul</i><br>aims Secured by Proper  |
|     | Approximate mileage:  |             | Debtor 1 only  |   | ,  |
|     |   |             | Debtor 2 only  | Current value of the<br>entire property?  | Current value of the<br>portion you own?   |
|     | Other information:  |             | Debtor 1 and Debtor 2 only   | —————   | portion you own:   |
|     |   |             | At least one of the debtors and another  |   |  |
|     |   |             | Check if this is community property (see instructions)   |   |  |
| _   | No<br>Yes   |             | t, fishing vessels, snowmobiles, motorcycle accesso  |   |  |
|     | Yes<br>Make<br>Model:   |             | Who has an interest in the property? Check one.  | Do not deduct secured the amount of any secu  | ured claims on <i>Schedul</i>  |
|     | Yes<br>Make<br>Model:<br>Year:  |             | Who has an interest in the property? Check   | Do not deduct secured the amount of any secu  | ured claims on <i>Schedul</i>  |
|     | Yes<br>Make<br>Model:   |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | ured claims on Schedul<br>aims Secured by Proper<br>Current value of the   |
|     | Yes<br>Make<br>Model:<br>Year:  |             | Who has an interest in the property? Check one.  Debtor 1 only   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | ured claims on <i>Schedul</i><br>aims Secured by Proper  |
|     | Yes  Make  Model: Year: Approximate mileage:  |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only   | Do not deduct secured the amount of any secu Creditors Who Have Cla   | ured claims on Schedulaims Secured by Proper  Current value of the   |
|     | Yes  Make  Model: Year: Approximate mileage:  |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured the amount of any secu Creditors Who Have Cla   | ured claims on Schedulaims Secured by Proper  Current value of the   |
| 4.1 | Yes  Make  Model: Year: Approximate mileage:  |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check  | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  | claims on Schedulaims Secured by Proper  Current value of the portion you own?  Claims or exemptions.  |
| 4.1 | Yes  Make Model: Year: Approximate mileage: Other information:  Make Model:                             |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.   | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secured.  | claims or exemptions.  ured claims on Schedulaims Secured by Proper  Current value of the portion you own?  claims or exemptions.  ured claims on Schedul  |
| 4.1 | Yes  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                       |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only  | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secured.  | claims or Scheduling of the portion you own?  claims or exemptions. ured claims on Scheduling on Sch |
| 4.1 | Yes  Make Model: Year: Approximate mileage: Other information:  Make Model:                             |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                            | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims or exemptions. ured claims on <i>Schedul</i> aims Secured by Proper Current value of the  |
| 4.1 | Yes  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                       |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | claims on Schedule aims Secured by Proper  Current value of the portion you own?  claims or exemptions. ured claims on Schedule aims Secured by Proper   |
| 4.1 | Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                            | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims or exemptions.  claims or exemptions.  claims or exemptions.  claims or exemptions.  claims Secured by Proper  Current value of the   |
| 4.1 | Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |             | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims or exemptions.  claims or exemptions.  claims or exemptions.  claims or exemptions.  claims Secured by Proper  Current value of the   |

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Dining set, couch, other misc. household goods and furnishings \$395.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... TV, smartphone, laptop \$450.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothes** \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc. Costume Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2245.00 for Part 3. Write that number here .....

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... \$200.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: TCF 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 Shanita   | Middle None  | Short<br>Leet Name        | Case number (if known)                        |              |  |  |
|------|---|--|---------------------------|---|--------------|--|--|
|      | First Name  | Middle Name  | Last Name                 |   |              |  |  |
| 20.  | <ol> <li>Government and corporate bonds and other negotiable and non-negotiable instruments</li> <li>Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.</li> </ol> |  |                           |   |              |  |  |
|      |   | include personal checks, cashiers<br>ents are those you cannot transfe |                           |   |              |  |  |
|      |   | onto are incoe you cannot hance  | i to comocne by eight     | ing of domesting thom:                        |              |  |  |
|      |   |  |                           |   |              |  |  |
|      | Yes. Give specific information about  | Issuer name:   |                           |   |              |  |  |
|      | them  | issuel flame.  |                           |   |              |  |  |
|      |   |  |                           |   | _            |  |  |
|      |   |  |                           |   |              |  |  |
|      |   |  |                           |   |              |  |  |
| 21   | Retirement or pension   | accounts   |                           |   | -            |  |  |
|      |   |  | ), thrift savings accoun  | its, or other pension or profit-sharing plans |              |  |  |
|      | <b>✓</b> No   |  |                           |   |              |  |  |
|      | Yes. List each  | Type of account:   | Institution name:         |   |              |  |  |
|      | account separately.   | 401(k) or similar plan:  |                           |   | _            |  |  |
|      | Separatery.   | Pension plan:  |                           |   |              |  |  |
|      |   | IRA:   |                           |   | _            |  |  |
|      |   | Retirement account:  |                           |   | -            |  |  |
|      |   | Keogh:   |                           |   | _            |  |  |
|      |   | Additional account:  | -                         |   | _            |  |  |
|      |   | Additional account:  |                           |   | -            |  |  |
|      |   |  |                           |   | _            |  |  |
| 22.  | Security deposits and   | prepayments I deposits you have made so that                           | vou may continue ser      | wice or use from a company                    |              |  |  |
|      |   | with landlords, prepaid rent, public                                   |                           |   |              |  |  |
|      | companies, or others  |  |                           |   |              |  |  |
|      | <b>✓</b> No   |  | Institution name:         |   |              |  |  |
|      | Yes   | Electric:  |                           |   |              |  |  |
|      |   | Gas:   | -                         |   | _            |  |  |
|      |   | Heating oil:   |                           |   | _            |  |  |
|      |   | Security deposit on rental unit:                                       |                           |   | _            |  |  |
|      |   | Prepaid rent:  |                           |   | _            |  |  |
|      |   | Telephone:   |                           |   | _            |  |  |
|      |   | Water:   |                           |   | _            |  |  |
|      |   | Rented furniture:  |                           |   |              |  |  |
|      |   | Other:   |                           |   |              |  |  |
| 23.  | Annuities (A contract fo  | or a periodic payment of money to                                      | you, either for life or f | for a number of years)                        | <del>-</del> |  |  |
|      | <b>✓</b> No   |  |                           |   |              |  |  |
|      | Yes   | Issuer name and description:   |                           |   |              |  |  |
|      | _   |  |                           |   |              |  |  |
|      |   |  |                           |   |              |  |  |
|      |   | -  |                           |   |              |  |  |
|      |   | -  |                           |   |              |  |  |

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| Debt | or 1 Shanita<br>First Name  | Short Case number (if known)  |  |
|------|---|---|--|
| 24.  |   | Middle Name Last Name  an education IRA, in an account in a qualified ABLE program, or under a qualified state tuitio   | a program  |
| 24.  |   | 530(b)(1), 529A(b), and 529(b)(1).  | r program.   |
|      | <b>✓</b> No   |   |  |
|      | Yes   | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  |  |
|      | 165   |   |  |
|      |   |   |  |
|      |   |   |  |
| 25.  | Trusts, equita  | able or future interests in property (other than anything listed in line 1), and rights or powers   |  |
|      |   | for your benefit  |  |
|      | <b>✓</b> No   |   |  |
|      | Yes. Desc   | cribe   |  |
|      |   |   |  |
| 26.  | Patents, cop  | pyrights, trademarks, trade secrets, and other intellectual property  |  |
|      | Examples: Inte  | ternet domain names, websites, proceeds from royalties and licensing agreements   |  |
|      | <b>✓</b> No   |   |  |
|      | Yes. Desc   | cribe   |  |
|      |   |   |  |
| 27.  |   | inchises, and other general intangibles   |  |
|      |   | uilding permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licens   | es   |
|      | ✓ No  | ovih o  |  |
|      | Yes. Desc   | cribe   |  |
|      |   |   |  |
|      |   |   |  |
| Mor  | ney or propei   | rty owed to you?  | Current value of the   |
| Mor  | ney or propei   | rty owed to you?  | portion you own?   |
| Mor  | ney or propei   | rty owed to you?  |  |
|      | ney or propei   |   | <pre>portion you own? Do not deduct secured</pre>  |
|      |   | wed to you  | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds of No Yes. Give s   | specific information Federal:   | <pre>portion you own? Do not deduct secured</pre>  |
|      | Tax refunds or  No Yes. Give sabout your a  | specific information ut them, including whether already filed the returns  Federal: State:  | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds or  No Yes. Give sabout your a  | specific information ut them, including whether   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds or  No Yes. Give about your and to  | specific information ut them, including whether already filed the returns the tax years  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and to  | specific information ut them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and to  | specific information ut them, including whether already filed the returns the tax years  I Local:  rt et due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  y settlement   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past   | specific information ut them, including whether already filed the returns the tax years  Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past   | specific information ut them, including whether already filed the returns the tax years  It tocal:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  y settlement  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past   | specific information  It them, including whether already filed the returns the tax years  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  y settlement  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past   | specific information at them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  y settlement  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past   | specific information ut them, including whether already filed the returns the tax years  rt tt due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper specific information  Alimony: Maintenan Support:                     | ## settlement:  ### solution and the provided record claims or exemptions.  ### solution and the provided record claims or exemptions.  ### solution and the provided record claims or exemptions.  ### solution and the provided record claims or exemptions.  ### solution and the provided record claims or exemptions.  ### solution and the provided record claims or exemptions.  #### solution and the provided record claims or exemptions.  ################################### |
| 28.  | Tax refunds or  No Yes. Give s about you a and to  Family suppor Examples: Past No Yes. Give s                                      | specific information ut them, including whether already filed the returns the tax years  It due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper specific information  Alimony: Maintenan Support: Divorce se Property so | ### settlement:    **Portion you own?  |
| 28.  | Tax refunds or  No Yes. Give s about you a and to  Family suppor Examples: Past No Yes. Give s  Other amount Examples: Unp          | specific information ut them, including whether already filed the returns the tax years   | ### settlement:    **Portion you own?  |
| 28.  | Tax refunds or  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc      | specific information ut them, including whether already filed the returns the tax years  It due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, proper specific information  Alimony: Maintenan Support: Divorce se Property so | ### settlement:    **Portion you own?  |
| 28.  | Tax refunds or  ✓ No  Yes. Give s about you a and t  Family suppor Examples: Past ✓ No  Yes. Give s  Other amount Examples: Unp Soc | specific information ut them, including whether already filed the returns the tax years   | ### settlement:    **Portion you own?  |
| 28.  | Tax refunds or  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc      | specific information ut them, including whether already filed the returns the tax years   | ### settlement:    **Portion you own?  |

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| Deb  | tor 1 Shanita  | Short  | Case number (if known)                        |  |
|------|--|--|---|--|
|      | First Name   | Middle Name Last Name  |   |  |
| 31.  | Interests in insurance policies Examples: Health, disability, or life ins  | urance; health savings account (HSA); credit, h  | omeowner's, or renter's insurance             |  |
|      | Yes. Name the insurance compar of each policy and list its value   |  | Beneficiary:                                  | Surrender or refund value:   |
| 32.  | Any interest in property that is due If you are the beneficiary of a living tru property because someone has died.  No Yes. Describe | e you from someone who has died<br>ust, expect proceeds from a life insurance policy   | , or are currently entitled to receive        |  |
| 33.  |  | her or not you have filed a lawsuit or made sputes, insurance claims, or rights to sue | a demand for payment                          |  |
| 34.  | Other contingent and unliquidated to set off claims  No Yes. Describe  | I claims of every nature, including counterd   | laims of the debtor and rights                |  |
| 35.  | Any financial assets you did not all  No Yes. Describe   | ready list   |   |  |
| 36.  |  | entries from Part 4, including any entries fo  |   | \$200.00   |
| Part | -  | lated Property You Own or Have an Ir   | -   | t 1.   |
| 37.  | No. Go to Part 6.  Yes. Go to line 38.   | quitable interest in any business-related pro  |   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable or commission  No Yes. Describe  | ns you already earned  |   |  |
| 39.  | Office equipment, furnishings, and Examples: Business-related computer   | supplies<br>rs, software, modems, printers, copiers, fax ma                            | chines, rugs, telephones, desks, chairs, elec | tronic devices   |
|      | Yes. Describe  |  |   |  |

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| Debt         | tor 1 Shanita                                      | Short                                   | Case number (if known)          |                              |
|--------------|--|---|---------------------------------|------------------------------|
|              | First Name Middle Nam                              | e Last Name                             |                                 |                              |
| 40.          | Machinery, fixtures, equipment, supplies yo        | u use in business, and tools of you     | r trade                         |                              |
|              | <b></b> No   |   |                                 |                              |
|              | <u> </u>   |   |                                 | I                            |
|              | Yes. Describe                                      |   |                                 |                              |
|              |  |   |                                 | 1                            |
| 41           | Inventory  |   |                                 |                              |
| 41.          | inventory  |   |                                 |                              |
|              | <b>✓</b> No  |   |                                 |                              |
|              | Yes. Describe                                      |   |                                 |                              |
|              |  |   |                                 |                              |
|              |  |   |                                 |                              |
| 42.          | Interests in partnerships or joint ventures        |   |                                 |                              |
|              | ✓ No   |   |                                 |                              |
|              |  | Name of entity:                         | % of ownership:                 |                              |
|              | Yes. Give specific                                 | •                                       | ·                               |                              |
|              | information about them                             |   |                                 | <u> </u>                     |
|              | ulem   |   |                                 |                              |
|              |  | -                                       |                                 |                              |
|              |  |   |                                 |                              |
| 43. <b>(</b> | Customer lists, mailing lists, or other compile    | ations                                  |                                 |                              |
|              | <b></b> No   |   |                                 |                              |
|              | Yes. Do your lists include personally identif      | iiahla information (as defined in 11 II | S C & 101(/11A)\2               |                              |
|              | res. Do your lists include personally identifi     | lable information (as defined in 11 O.  | 3.C. § 101(41A))!               |                              |
|              | ☐ No   |   |                                 |                              |
|              | Yes. Describe                                      |   |                                 |                              |
|              | Tes. Describe                                      |   |                                 |                              |
| 44           | Any business-related property you did not a        | Iready list                             |                                 |                              |
|              |  |   |                                 |                              |
|              | ✓ No   |   |                                 |                              |
|              | Yes. Give specific                                 |   |                                 |                              |
|              | information  |   |                                 | <del></del>                  |
|              |  |   |                                 |                              |
|              |  |   |                                 |                              |
|              |  |   |                                 | <del></del>                  |
|              |  |   |                                 |                              |
|              |  | -                                       |                                 | <del></del>                  |
|              |  |   |                                 |                              |
|              |  |   |                                 |                              |
| 45. A        | dd the dollar value of all of your entries from    | Part 5. including any entries for p     | ages vou have attached          |                              |
|              | art 5. Write that number here                      |   |                                 |                              |
| <u> </u>     |  |   |                                 |                              |
| Part         | Describe Any Farm- and Commerc                     |   | You Own or Have an Interest In. |                              |
|              | If you own or have an interest in farmland, list i | t in Part 1.                            |                                 |                              |
| 46.          | Do you own or have any legal or equitable i        | nterest in any farm- or commercia       | Il fishing-related property?    |                              |
|              | No. Oc. to Bot 7                                   |   |                                 | Current value of the         |
|              | No. Go to Part 7.                                  |   |                                 | portion you own?             |
|              | Yes. Go to line 47.                                |   |                                 | Do not deduct secured claims |
|              |  |   |                                 | or exemptions                |
| 47.          | Farm animals                                       |   |                                 |                              |
|              | Examples: Livestock, poultry, farm-raised fish     |   |                                 |                              |
|              | <b>✓</b> No  |   |                                 |                              |
|              | Yes. Describe                                      |   |                                 | 1                            |
|              |  |   |                                 |                              |
|              |  |   |                                 |                              |

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| Debto          | or 1 Shanita<br>First Name | Middle Name  | Short<br>Last Name       | Case number (if known)       |                   |
|----------------|----------------------------|--|--------------------------|------------------------------|-------------------|
| 48.            | Crops-either growing       |  | Lactivanie               |                              |                   |
|                | <b>✓</b> No                |  |                          |                              |                   |
|                | Yes. Describe              |  |                          |                              |                   |
|                |                            |  |                          |                              |                   |
| 49.            | Farm and fishing equ       | iipment, implements, machinery, fixtu                                  | ires, and tools of trade |                              |                   |
|                | ✓ No  Yes. Describe        |  |                          |                              |                   |
|                | Tes. Describe              |  |                          |                              |                   |
| 50.            | Farm and fishing sup       | plies, chemicals, and feed   |                          |                              |                   |
|                | V No                       | , ,  |                          |                              |                   |
|                | Yes. Describe              |  |                          |                              |                   |
|                |                            |  |                          |                              |                   |
| 51.            | Any farm- and comm         | ercial fishing-related property you di                                 | d not already list       |                              |                   |
|                | ✓ No                       |  |                          |                              |                   |
|                | Yes. Describe              |  |                          |                              |                   |
|                |                            |  |                          | Г                            |                   |
|                |                            | all of your entries from Part 6, includi<br>er here                    |                          | you have attached            |                   |
| •              |                            |  |                          | L                            |                   |
|                |                            |  |                          |                              |                   |
| Part 7         | Describe All Pr            | operty You Own or Have an Inte   | rest in That You Did N   | ot List Above                |                   |
|                |                            | operty of any kind you did not already<br>ets, country club membership | / list?                  |                              |                   |
|                | No                         | oto, doubly due montedamp  |                          |                              | ı                 |
|                | Yes. Give specific         |  |                          |                              |                   |
|                | information                |  |                          |                              |                   |
|                |                            |  |                          |                              |                   |
| 54. Ad         | ld the dollar value of     | all of your entries from Part 7. Write t                               | hat number here          |                              | <u> </u>          |
|                |                            |  |                          |                              |                   |
|                |                            |  |                          |                              |                   |
|                |                            |  |                          |                              |                   |
| Part 8         | List the Totals            | of Each Part of this Form  |                          |                              |                   |
| 55 D           | ort 1. Total roal actor    | te, line 2   |                          | •                            |                   |
| 33. F          | art i. iotal leal esta     | te, iiie 2   |                          |                              |                   |
| 56. <b>p</b> a | art 2 total vehicles, l    | ine 5  | \$12075.00               |                              |                   |
| 57. <b>P</b> a | art 3: Total personal a    | and household items, line 15   | \$2245.00                |                              |                   |
| 58. <b>P</b> a | art 4: Total financial a   | assets, line 36  | \$200.00                 |                              |                   |
| 59. <b>P</b>   | art 5: Total business-     | related property, line 45  |                          |                              |                   |
|                |                            | d fishing-related property, line 52                                    |                          |                              |                   |
|                | -                          | perty not listed, line 54  |                          |                              |                   |
| 62. <b>T</b>   | otal personal propert      | y. Add lines 56 through 61   | ··· \$14520.00           | Copy personal property total | + \$14520.00      |
|                |                            |  |                          | Copy personal property total | <b>04.4500.05</b> |
| 63. <b>T</b> c | otal of all property on    | Schedule A/B. Add line 55 + line 62                                    |                          |                              | \$14520.00        |

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| Debtor 1 | Shanita    |             | Short     | Case number (if known) |  |
|----------|------------|-------------|-----------|------------------------|--|
| Ī        | First Name | Middle Name | Last Name |                        |  |

### Schedule A/B: Property. Additional page

| Part 3: Describe    | Your Personal and Household Items                                 |  |
|---------------------|---|--|
| Do you own or ha    | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6.2. Household good | ds and furnishings  |  |
| No                  |   |  |
| Yes. Describe       | Financed Bedroom Set  | \$1000.00  |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Shanita                   |             | Short                        |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |
| United States E                                 | sankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number<br>(If known)                       |                           |             | (Otato)                      |  |  |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| га | Part 1: Identify the Property You Claim as Exempt                                   |   |   |                                    |  |  |
|----|---|---|---|------------------------------------|--|--|
| 1. |   | •   | . , , , , , , , , , , , , , , , , , , ,   |                                    |  |  |
|    | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  |   |   |                                    |  |  |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |                                    |  |  |
| 2. | For any property you list on Schedule A   | /B that you claim as e  | xempt, fill in the information below.   |                                    |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |  |  |
|    | Brief<br>description:<br>Hyundai Elantra, 2015,<br>2015 Hyundai Elantra             | \$12,075.00   | \$0 100% of fair market value, up to any  | 735 ILCS 5/12-1001(c)              |  |  |
|    | Line from Schedule A/B: 03  |   | applicable statutory limit  |                                    |  |  |
|    | Brief description: TCF  | \$0.00  | \$0   | 735 ILCS 5/12-1001(b)              |  |  |
|    | Line from Schedule A/B: 17  |   | 100% of fair market value, up to any applicable statutory limit                                     |                                    |  |  |
| 3. | ✓ No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |                                    |  |  |

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Debtor 1 Shanita Short Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$395.00 description: **✓** \$395.00 Dining set, couch, other 100% of fair market value, up to any misc. household goods applicable statutory limit and furnishings Line from Schedule A/B: 06 735 ILCS 5/12-1001(a) \$300.00 description: **✓** \$300.00 **Used Clothes** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief description: \$450.00 **✓** \$450.00 TV, smartphone, laptop 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$100.00 description: \$100.00 Misc. Costume Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$200.00 description: **✓** \$200.00 Cash on Hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 735 ILCS 5/12-1001(b) Brief

100% of fair market value, up to any

applicable statutory limit

\$1,000.00

description:

Line from

Schedule A/B:

**Financed Bedroom Set** 

06

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| Fill in  | this information to identify your ca                                   | ase:                          | -   |                                   |                       |                    |
|----------|--|-------------------------------|---|-----------------------------------|-----------------------|--------------------|
|          |  | acc.                          |   |                                   |                       |                    |
| Debto    | or 1 Shanita First Name  | Middle Name                   | Short<br>Last Name  |                                   |                       |                    |
| Debto    |  | Middle Name                   | Last Name   |                                   |                       |                    |
|          | se, if filing) First Name  | Middle Name                   | Last Name   |                                   |                       |                    |
| United   | d States Bankruptcy Court for the:                                     | Northern                      | District of Illinois                                      |                                   |                       |                    |
|          | number   |                               | (State)   |                                   |                       |                    |
| (If knov | <u> </u>   |                               |   |                                   |                       | Check if this is a |
| Off      | icial Form 106D  |                               |   |                                   |                       | mended filing      |
| Scl      | hedule D: Credit   | ors Who Hav                   | e Claims Secure   | ed by Prop                        | erty                  | 12/1               |
|          |  |                               | are filing together, both are equa                        |                                   |                       |                    |
|          | space is needed, copy the Additi<br>and case number (if known).        | onal Page, fill it out, num   | ber the entries, and attach it to the                     | nis form. On the top              | of any additional pag | es, write your     |
|          | Do any creditors have claims s   | secured by your propert       | v2  |                                   |                       |                    |
| '. I     |  |                               | <b>y :</b><br><i>r</i> ith your other schedules. You have | e nothing else to ren             | ort on this form      |                    |
| ļ        | <b>_</b>   |                               | nut your outer scriedules. Tou have                       | e nouning else to rep             | OF COTT UTIS TOTTI.   |                    |
|          | Yes. Fill in all of the information                                    | on below.                     |   |                                   |                       |                    |
| Part     | 1: List All Secured Claims   |                               |   |                                   |                       |                    |
| 2.       | List all secured claims. If a cred                                     |                               | ,   | Column A                          | Column B              | Column C           |
|          | separately for each claim. If more in Part 2. As much as possible, lis | ·                             |   | Amount of claim Do not deduct the | Value of collateral   | Unsecured portion  |
|          | name.  | t tro olamo in alphabotical c | rider descraining to the diseaser of                      | value of collateral.              | that supports         | If any             |
|          |  |                               |   |                                   | this claim            |                    |
| 2.1      | HYUNDAI CAPITAL AMERIC Creditor's Name                                 | - Describe the property       | that secures the claim:                                   | \$14,168.00                       | \$12,075.00           | \$2,093.00         |
|          | 10550 TALBERT AVE  | 072 Automobile                |   |                                   |                       |                    |
|          | Number Street  | _                             | the claim is: Check all that apply.                       |                                   |                       |                    |
|          |  | _ Contingent                  |   |                                   |                       |                    |
|          | FOUNTAIN VALLEY California 92708                                       | Unliquidated                  |   |                                   |                       |                    |
|          | VALLEYCalifornia92708CityStateZIP Code                                 | - Disputed                    |   |                                   |                       |                    |
|          | Who owes the debt? Check one   | Nature of lien. Check al      | l that apply.   |                                   |                       |                    |
|          | ✓ Debtor 1 only  Debtor 2 only   | An agreement you n            | nade (such as mortgage or secured                         |                                   |                       |                    |
|          | Debtor 1 and Debtor 2 only   |                               | as tax lien, mechanic's lien)                             |                                   |                       |                    |
|          | At least one of the debtors  | Judgment lien from            | a lawsuit   |                                   |                       |                    |
|          | and another  | Other (including a rig        | ght to offset)  |                                   |                       |                    |
|          | Check if this claim relates to a community debt                        | Last 4 digits of accoun       | t number 9858   |                                   |                       |                    |
|          | Date debt was 12/1/2015 incurred                                       |                               |   |                                   |                       |                    |
| 2.2      | The Room Place Creditor's Name   | - Describe the property       | that secures the claim:                                   | \$1,300.00                        | \$1,000.00            | \$300.00           |
|          | 2501 International Parkway   | Furniture Loan                |   |                                   |                       |                    |
|          | Number Street  | As of the date you file,      | the claim is: Check all that apply.                       |                                   |                       |                    |
|          |  | _ Contingent                  |   |                                   |                       |                    |
|          | Woodridge Illinois 60517 City State ZIP Code                           | Unliquidated                  |   |                                   |                       |                    |
|          | City State ZIP Code  Who owes the debt? Check one.                     | Disputed                      |   |                                   |                       |                    |
|          | ✓ Debtor 1 only  | Nature of lien. Check al      | l that apply.   |                                   |                       |                    |
|          | Debtor 2 only  |                               | nade (such as mortgage or secured                         |                                   |                       |                    |
|          | Debtor 1 and Debtor 2 only   | car loan)                     | as tay lian, machaniala lian)                             |                                   |                       |                    |
|          | At least one of the debtors  |                               | as tax lien, mechanic's lien)                             |                                   |                       |                    |
|          | and another  Check if this claim relates                               | Judgment lien from            |   |                                   |                       |                    |
|          | to a community debt  | Utner (including a rig        | tht to offset)  |                                   |                       |                    |
|          | Date debt was incurred   | Last 4 digits of accoun       | t number  |                                   |                       |                    |
|          | Add the dollar value of  | your entries in Column A      | on this page. Write that number                           | \$15,468.00                       |                       |                    |

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| Fill in                                   | this inforr   | mation to identify your c  | ase:  |  |   |  |
|---|---|--|---|--|---|--|
| Debte                                     | or 1  | Shanita  |   | Short  |   |  |
|   |   | First Name   | Middle Name   | Last Name  |   |  |
| Debte                                     |   | -  |   |  |   |  |
| (Spous                                    | se, if filing)  | First Name   | Middle Name   | Last Name  |   |  |
| Unite                                     | d States B  | Sankruptcy Court for the:  | Northern  | District of Illinois   |   |  |
| _   |   |  |   | (State)  |   |  |
| (If know                                  | number<br>vn)   | -  |   |  |   |  |
| <u> </u>                                  |   | 100F/F   |   |  |   | Check if this is an amended filing   |
| Oπi                                       | ciai F  | orm 106E/F   |   |  |   |  |
| Sc  | hedı  | ule E/F: Cre   | editors Who   | Have Unsec   | cured Claims  | 12/1   |
| other<br>Form<br>claims<br>the er<br>know | party to a<br>106A/B) a<br>s that are<br>ntries in the<br>n). | any executory contracts<br>and on <i>Schedule G: Exe</i><br>I listed in <i>Schedule D: C</i><br>he boxes on the left. At | s or unexpired leases that<br>cutory Contracts and Ur<br>Creditors Who Hold Claim | at could result in a claim. A<br>nexpired Leases (Official F<br>ns Secured by Property. If I | Also list executory contracts<br>orm 106G). Do not include an<br>nore space is needed, copy t | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if |
|   |   |  |   |  |   |  |
| 1.  |   |  | secured claims against  | you?   |   |  |
|   | <b>✓</b> No. 0  | Go to Part 2.  |   |  |   |  |
|   | Yes.  |  |   |  |   |  |
| 2.  | List all of   |  |   |  |   |  |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 **CBNA** \$852.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11/1/2015 PO Box 6497 Number Street As of the date you file, the claim is: Check all that apply. Contingent 57117 Sioux Falls South Dakota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts CreditCard Is the claim subject to offset? Other. Specify \_ **✓** No Yes City of Chicago Department of Revenue \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name 121 North LaSalle Street When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Unsecured Is the claim subject to offset? **✓** No Yes Comcast Cable c/o Xfinity 4.3 \$300.00 Last 4 digits of account number Nonpriority Creditor's Name 7561 North Point Pkwy #900 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30022 Alpharetta Georgia City Zip Code State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unsecured Is the claim subject to offset? No Yes

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Commonwealth Edison \$350.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Ctr FI 4 n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60181 Oakbrook Ter Illinois State Zip Code City Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes DEPT OF ED/NAVIENT 4.5 \$6,230.00 Last 4 digits of account number 0427 Nonpriority Creditor's Name When was the debt incurred? 4/1/2009 PO Box 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ Is the claim subject to offset? **✓** No Yes **DEPT OF ED/NAVIENT** 4.6 \$4,485.00 Last 4 digits of account number \_ 0427 Nonpriority Creditor's Name 4/1/2009 When was the debt incurred? PO Box 9635 Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify

Debts to pension or profit-sharing plans, and other similar

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Debtor 1 Shanita Short Case number (if known) Last Name

| Part 2 |   |   |                               |
|--------|---|---|-------------------------------|
| 4.7    | After listing any entries on this page, number them beginning<br>DEPT OF ED/NAVIENT           | g with 4.5, followed by 4.6, and so forth.  - Last 4 digits of account number 0427                      | <b>Total claim</b> \$3,115.00 |
|        | Nonpriority Creditor's Name<br>PO Box 9635  | When was the debt incurred? 4/1/2009  |                               |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent                                |                               |
|        | Wilkes Barre         Pennsylvania         18773           City         State         Zip Code | Unliquidated  |                               |
|        | Who incurred the debt? Check one.  Debtor 1 only  | Disputed  Type of NONPRIORITY unsecured claim:  |                               |
|        | Debtor 2 only  Debtor 1 and Debtor 2 only   | ✓ Student loans   |                               |
|        | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                               |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts                                       |                               |
|        | Is the claim subject to offset?  No  Yes  | Other. Specify  |                               |
| 4.8    | ESCALLATE LLC Nonpriority Creditor's Name   | - Last 4 digits of account number 3450  When was the debt incurred? 6/1/2016                            | \$778.00                      |
|        | 1606 E TURKEYFOOT LAKE R Number Street  | As of the date you file, the claim is: Check all that apply.  |                               |
|        | AKRON Ohio 44312 City State Zip Code Who incurred the debt? Check one.                        | Contingent Unliquidated Disputed  |                               |
|        | Debtor 1 only  Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                               |
|        | Debtor 1 and Debtor 2 only  | Student loans  Obligations arising out of a separation agreement or divorce                             |                               |
|        | At least one of the debtors and another   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |                               |
|        | Check if this claim relates to a community debt Is the claim subject to offset?               | debts  001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL  |                               |
|        | ✓ No  Yes   | Other. Specify PAYMENT DATA   |                               |
| 4.9    | I C SYSTEM INC Nonpriority Creditor's Name PO BOX 64378 Number Street                         | Last 4 digits of account number 6379  When was the debt incurred? 5/1/2016                              | \$928.00                      |
|        |   | As of the date you file, the claim is: Check all that apply.  Contingent                                |                               |
|        | SAINT PAUL Minnesota 55164 City State Zip Code Who incurred the debt? Check one.              | Unliquidated  |                               |
|        | Debtor 1 only   | Disputed  Type of NONPRIORITY unsecured claim:  |                               |
|        | Debtor 2 only  Debtor 1 and Debtor 2 only   | Student loans   |                               |
|        | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                               |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts                                       |                               |
|        | Is the claim subject to offset?  No  Yes  | O01 Collection; Collecting for ORIGINAL CREDITOR: AT T Other. Specify UVERSE                            |                               |

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 M3 Financial Services \$326.00 Last 4 digits of account number 3787 Nonpriority Creditor's Name When was the debt incurred? 6/1/2012 10330 Roosevelt Rd #200 Number As of the date you file, the claim is: Check all that apply. Contingent 60154 Westchester Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? 001 Collection; Collecting for **|** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes PLS - Bankruptcy 4.11 \$1,300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 800 Jorie Blvd 2nd Floor n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Oak Brook City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes 4.12 SYNCB/GAP \$523.00 9936 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 9/1/2015 P.O. BOX 29116 Number As of the date you file, the claim is: Check all that apply. Contingent SHAWNEE MISSIO Kansas 66201 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify \_

CreditCard

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Short Debtor 1 Shanita \_ Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 \$100.00 Last 4 digits of account number Nonpriority Creditor's Name 1405 XENIUM LN N STE 180 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 55441 Minneapolis Minnesota City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Unsecured Is the claim subject to offset? **✓** No Yes Village of Melrose Park 4.14 \$225.00 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 1 N. Broadway Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60160 Melrose Park Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Unsecured Other. Specify \_\_\_\_ Is the claim subject to offset?

✓ No Yes

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| Deb  | Debtor 1 Shanita   |                    | Short             | Case number (if known)   |   |  |  |  |
|------|--|--------------------|-------------------|--|---|--|--|--|
|      | First Name   |                    | Middle Name       | Last Name  |   |  |  |  |
| Pari | t 3: List Other  | s to Be Notified A | About a Debt Tha  | at You Already List  | ted   |  |  |  |
| 5.   | collection agency is trying to collect from you for a deb collection agency here. Similarly, if you have more than |                    |                   | ebt you owe to some<br>an one creditor for a   | r, for a debt that you already listed in Parts 1 or 2. For example, if a cone else, list the original creditor in Parts 1 or 2, then list the one of the debts that you listed in Parts 1 or 2, list the additional debts in Parts 1 or 2, do not fill out or submit this page. |  |  |  |
|      | Arnold Scott Har   | ris                |                   | On which entry in Part 1 or Part 2 did you list the original creditor?   |   |  |  |  |
|      | 111 W. Jackson # 600<br>Number Street  |                    | Line 4.2          | of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |   |  |  |  |
|      | Chicago<br>City  | Illinois<br>State  | 60604<br>Zip Code | Last 4 digits  | of account number   |  |  |  |

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Debtor 1 Shanita Short Case number (if known)
First Name Middle Name Last Name

| FIISLINA                    | me Middle Name Last Name  |         |                      |      |
|-----------------------------|---|---------|----------------------|------|
| Part 4: Add t               | he Amounts for Each Type of Unsecured Claim   |         |                      |      |
|                             | amounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.  | s for s | tatistical reporting | purp |
|                             |   |         | Total claims         |      |
| Total claims from Part 1    | 6a. Domestic support obligations.   | 6a.     | \$0.00               |      |
|                             | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |      |
|                             | <ul><li>6c. Claims for death or personal injury while you were intoxicated</li><li>6d. Other. Add all other priority unsecured claims. Write that</li></ul> | 6c.     | \$0.00               |      |
|                             |   | 6d.     | \$0.00               |      |
|                             | amount here.  |         | \$0.00               |      |
|                             | 6e. Total. Add lines 6a through 6d.   | 6e.     |                      |      |
|                             |   |         | Total claims         |      |
| Total claims<br>from Part 2 | 6f. Student loans   | 6f.     | \$13,830.00          |      |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.     | \$0.00               |      |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.     | \$0.00               |      |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write  |         | \$8,682.00           |      |
|                             | that amount here.   |         | \$22,512.00          |      |
|                             | 6i Total Add lines 6f through 6i  | 6i      | φ22,512.00           |      |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Shanita                   |             | Short                        |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |                           |             |                              |  |  |  |  |  |

### Official Form 106G

Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F   | Person or comp             | pany with whom you have | the contract or lease | State what the contract or lease is for |
|-----|----------------------------|-------------------------|-----------------------|---|
| 2.1 | DK Living<br>Name          |                         |                       | Residential Lease, Debtor is Lessor,    |
|     | 33 W Monroe Street 19th FL |                         |                       | Apartment Lease                         |
|     | Number                     | Street                  |                       |   |
|     | Chicago                    | Illinois                | 60603                 |   |
|     | City                       | State                   | Zip Code              |   |

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|                         |  | D                               | σομποτιά ταξ               | gC 33 01 7 1               |                                |                                    |
|-------------------------|--|---------------------------------|----------------------------|----------------------------|--------------------------------|------------------------------------|
| Fill in this i          | information to identify your   | case:                           |                            |                            |                                |                                    |
| Debtor 1                | Shanita  |                                 | Short                      |                            |                                |                                    |
|                         | First Name   | Middle Name                     | Last Name                  |                            |                                |                                    |
| Debtor 2                | t\   |                                 |                            |                            |                                |                                    |
| (Spouse, if fili        | ing) First Name  | Middle Name                     | Last Name                  |                            |                                |                                    |
| United Stat             | tes Bankruptcy Court for the:  | Northern                        | District of Illinois       |                            |                                |                                    |
|                         | L  |                                 | (State)                    |                            |                                |                                    |
| Case numl<br>(If known) | Der  |                                 |                            |                            |                                |                                    |
|                         |  |                                 |                            |                            |                                | Check if this is an amended filing |
| Officia                 | al Form 106H   |                                 |                            |                            |                                |                                    |
|                         | Iula H. Vaur Ca  | d a la ta va                    |                            |                            |                                |                                    |
| <u>Scnea</u>            | lule H: Your Co  | aeptors                         |                            |                            |                                | 12/15                              |
| 2. Within               | ou have any codebtors? (If y<br>No<br>Yes<br>n the last 8 years, have you<br>, Louisiana, Nevada, New Me | ı lived in a community pro      | operty state or territor   | י <b>ץ?</b> (Community גָּ | property states and territorie | es include Arizona, California,    |
|                         | No. Go to line 3.  | skico, i deito filco, fekas, vi | rasinington, and wiscon    | 3111.)                     |                                |                                    |
|                         | Yes. Did your spouse, form   | ner snouse or legal equiva      | alent live with you at the | e time?                    |                                |                                    |
|                         | <b>-</b> N.  | ioi opodoo, oi logal oquive     | done iivo viiti you de iii | o urrio.                   |                                |                                    |
|                         | <u> </u>   | ity state or territory did yo   | u live?                    | Fill in the n              | ame and current address o      | f that person.                     |
|                         | Name of your spouse,   | former spouse, or legal equ     | ıivalent                   |                            |                                |                                    |
|                         | Number Street  |                                 |                            | <del></del> ,              |                                |                                    |
|                         | City   | State                           | Zip (                      | Code                       |                                |                                    |
|                         | lumn 1, list all of your code  | -                               | •                          |                            |                                | -                                  |
| again                   | as a codebtor only if that   | person is a guarantor or o      | cosigner. Make sure ye     | ou have listed th          | e creditor on Schedule D       | Official Form 106D),               |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Official Form 106H Schedule H: Your Codebtors page 1

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| Fill in this information t   | o identify your case:  |                      |                 |                   |                           |                         |
|--|--|----------------------|-----------------|-------------------|---------------------------|-------------------------|
| Debtor 1 Shanita   |  | Short                |                 |                   |                           |                         |
| First Nam  | e Midd   | le Name Last N       | lame            | —— Che            | eck if this is:           |                         |
| Debtor 2<br>(Spouse, if filing) First Name   | - NA:-1-1  | la Nama              | 1               |                   | An amended filing         |                         |
|  |  | le Name Last N       | iame            |                   | A supplement showing po   | net-netition chanter 13 |
| United States Bankruptcy the:  | Court for Northern   | District of III      | inois<br>State) |                   | expenses as of the follow |                         |
| Case number  |  | (3                   | otate)          |                   |                           |                         |
| (If known)   |  |                      |                 |                   | MM / DD / YYYY            |                         |
| Official Form  | <u> 1061</u>   |                      |                 |                   |                           |                         |
| Schedule I: Yo   | our Income   |                      |                 |                   |                           | 12/15                   |
| responsible for supplyi information about your spouse. If more space number (if known). Ans  Part 1: Describe En | spouse. If you are sepais needed, attach a sepaswer every question.                                | arated and your spou | se is not fi    | ling with you, do | not include information   | n about your            |
| Fill in your employment  | ent  | Debtor 1             | I               |                   | Debtor 2                  |                         |
| information.   | Employment s   | status Emplo         | wad             |                   | Employed                  |                         |
| If you have more than attach a separate page   | one job,   | Timpic               | mployed         |                   | Not Employed              |                         |
| information about add  |  |                      |                 |                   | Not Employed              |                         |
| employers.   | Occupation   | Front-End            | Assistant M     | anager            | _                         |                         |
| Include part time, seas self-employed work.  | onal, or <b>Employer's na</b>  | Jewel Osc            | 0               |                   |                           |                         |
|  | Employer's ac  | ddress 2501 W G      | arandview R     | i                 |                           |                         |
| Occupation may include or homemaker, if it app   |  | Number St            | reet            |                   | Number Street             |                         |
|  |  |                      |                 |                   | _                         |                         |
|  |  | Phoenix              | Arizo           | na 85023          | _                         |                         |
|  |  | City                 | State           | Zip Code          | City                      | tate Zip Code           |
|  | How long empthere?   | ployed 2 months      |                 |                   |                           |                         |
| Part 2: Give Details   | About Monthly Inco   | me                   |                 |                   |                           |                         |
| spouse unless you are s<br>If you or your non-filing s   | ome as of the date you file<br>eparated.<br>pouse have more than one<br>parate sheet to this form. |                      | information     |                   |                           |                         |
|  | wages, salary, and commis<br>aid monthly, calculate what t   |                      | 2.              | \$3,160.08        |                           |                         |
| 3. Estimate and list m   | onthly overtime pay.   |                      | 3               | + \$0.00          |                           |                         |
| 4. Calculate gross inc   | ome. Add line 2 + line 3.  |                      | 4.              | \$3,160.08        |                           | ]                       |

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| Debtor 1Shanita First Name Middle Name  | Short<br>Last Name    | Case number                | (if                               |                        |
|---|-----------------------|----------------------------|-----------------------------------|------------------------|
| medic rame  | Last Hame             | For Debtor 1               | For Debtor 2 or non-filing spouse |                        |
| Copy line 4 here  | <b>→</b> 4.           | \$3,160.08                 |                                   |                        |
| 5. List all payroll deductions:   |                       |                            |                                   |                        |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                   | \$716.95                   |                                   |                        |
| 5b. Mandatory contributions for retirement plans  | 5b.                   | \$0.00                     |                                   |                        |
| 5c. Voluntary contributions for retirement plans  | 5c.                   | \$0.00                     |                                   |                        |
| 5d. Required repayments of retirement fund loans  | 5d.                   | \$0.00                     |                                   |                        |
| 5e. Insurance   | 5e.                   | \$0.00                     |                                   |                        |
| 5f. Domestic support obligations  | 5f.                   | \$0.00                     |                                   |                        |
| 5g. Union dues  | 5g.                   | \$0.00                     |                                   |                        |
| 5h. Other deductions. Specify:  | 5h.                   | + \$0.00 +                 |                                   |                        |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5h$ .   | e +5f + 5g 6.         | <u>\$716.95</u>            |                                   |                        |
| 7. Calculate total monthly take-home pay. Subtract line 6 from  | n line 4. 7.          | \$2,443.13                 |                                   |                        |
| 8. List all other income regularly received:  |                       |                            |                                   |                        |
| 8a. Net income from rental property and from operating a business, profession, or farm  |                       |                            |                                   |                        |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, the total monthly net income.   |                       | \$0.00                     |                                   |                        |
| 8b. Interest and dividends  | 8b.                   | \$0.00                     |                                   |                        |
| 8c. Family support payments that you, a non-filing spouse dependent regularly receive   | , or a                |                            |                                   |                        |
| Include alimony, spousal support, child support, maintena divorce settlement, and property settlement.  | nce,<br>8c.           | \$404.00                   |                                   |                        |
| 8d. Unemployment compensation   | 8d.                   | \$0.00                     |                                   |                        |
| 8e. Social Security   | 8e.                   | \$0.00                     |                                   |                        |
| 8f. Other government assistance that you regularly received Include cash assistance and the value (if known) of any not cash assistance that you receive, such as food stamps (ber under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | n-                    | \$0.00                     |                                   |                        |
| 8g. Pension or retirement income  | 8g.                   | \$0.00                     |                                   |                        |
| 8h. Other monthly income. Specify:  | 8h.                   | + \$0.00 +                 |                                   |                        |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +  |                       | \$404.00                   |                                   |                        |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filir   | 10.<br>ng spouse      | \$2,847.13 +               | =                                 | \$2,847.13             |
| 11. State all other regular contributions to the expenses that Include contributions from an unmarried partner, members of friends or relatives. Do not include any amounts already included in lines 2-10 or a   | your household, yo    | our dependents, your roomm |                                   |                        |
| Specify:  |                       |                            | 11                                | . + \$0.00             |
| 12. Add the amount in the last column of line 10 to the amou<br>Write that amount on the Summary of Schedules and Statistical   |                       |                            |                                   | \$2,847.13<br>Combined |
| 13. Do you expect an increase or decrease within the year at No.  | fter you file this fo | orm?                       |                                   | monthly income         |
| Yes. Explain:   |                       |                            |                                   |                        |

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|--|---|--|--|-------------------------|--|
| Fill in this inform  | mation to identify  | your case:   |  |                         |  |
| Debtor 1 Debtor 2  | Shanita<br>First Name   | Middle Name  | Short<br>Last Name   | Check if this is:       |  |
| (Spouse, if filing) United States B  | First Name<br>ankruptcy Court fo                                      | Middle Name<br>or the: <u>Northern</u> [                                       | Last Name District of Illinois                               |                         | nowing post-petition chapter 13 he following date: |
| Case number<br>(If known)  |   |  | (State)  | MM / DD / YYYY          |  |
|  | Form 106  |  |  |                         |  |
| Schedule   | e J: Your I   | Expenses   |  |                         | 12/15  |
| information. If r<br>(if known). Answ<br>Part 1: Desc<br>1. Is this a join | more space is ned<br>wer every question<br>cribe Your Hou<br>nt case? |  |  |                         |  |
|  | No  | in a separate household?   |  |                         |  |
| 2. Do you have   |   | nust file Official Forms 106J-2, <i>Expen</i>                                  | ses for Separate Houseffold of Debt                          | Or 2.                   |  |
| Do not list D<br>Debtor 2.   | -   | Yes. Fill out this information for each dependent                              | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's age 9 years | Does dependent live with you?  No.  Yes.           |
| 3. Do your exp<br>expenses of<br>than<br>yourself and<br>dependents        | f people other  | ✓ No  Yes  |  |                         |  |
| Part 2: Estir  | nate Your Ong   | oing Monthly Expenses  |  |                         |  |
| -  | f a date after the  | our bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup   | •  | •                       | •  |
|  | •   | non-cash government assistance i<br>uded it on <i>Schedule I: Your Incom</i> e | -  |                         | Your expenses                                      |
| any rent fo  | r the ground or lot   | <b>hip expenses for your residence.</b> In<br>t. 4.                            | clude first mortgage payments and                            |                         | 4. \$947.00  |
| ii not incli   | uded in line 4:   |  |  |                         |  |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Shanita Short Case number (if known) Last Name

| 5. Additional mortgage payments for your residence, such as home equily loans         5.         \$0.00           6. Utilities:         5.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Talephone, call phone, Internet, satellite, and cable services         6c.         \$198.00           6d. Other, Speatity:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$475.00           8. Childing aundry, and dry cleaning         9.         \$86.00           10. Personal care products and services         10.         \$225.00           11. Medical and dental expenses         11.         \$25.00           12. Transportation, Include gar gam, maintranace, bus or frain fare.         12.         \$275.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Internamence.         15.         \$0.00           15. White insurance         15a         \$0.00           15. White insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15. Watership insurance.         15a         \$0.00           15. Watership insurance. Specify:         15d         \$0.00 <th< th=""><th>FIISUNAME</th><th>Middle Name Last Name</th><th></th><th></th></th<>  | FIISUNAME                           | Middle Name Last Name  |     |               |
|--|-------------------------------------|--|-----|---------------|
|  |                                     |  |     | Your expenses |
| 6a. Electricity, heat, natural gas         6a.         \$284.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$198.00           6d. Other. Specify:         6d.         \$5.00           7. Food and housekeeping supplies         7.         \$475.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$80.00           10. Personal care products and services         11.         \$25.00           11. Medical and dental expenses         11.         \$25.00           11. Medical and dental expenses         11.         \$25.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$275.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15. Life insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15. Life insurance.         15c.         \$15.0           15. Valvice insurance.         15c.         \$15.0           15. Life insuranc  | 5. Additional mortgage payments     | for your residence, such as home equity loans                          | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$198.00           6d. Other, Specify:         7.         \$475.00           7. Food and housekceping supplies         7.         \$475.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$80.00           10. Personal care products and services         10.         \$25.00           11. Medical and dental expenses         11.         \$25.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$275.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a         \$0.00           15c. Vehicle insurance         15b         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00  | 6. Utilities:                       |  |     |               |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 8. \$0.00 7. Food and housekeeping supplies 8. \$1. \$25.00 9. Clothing, laundry, and dry cleaning 9. \$60.00 9. Clothing, laundry, and dry cleaning 9. \$60.00 10. Personal care products and services 10. \$25.00 11. Medical and dental expenses 11. \$25.00 11. Medical and dental expenses 12. \$275.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Leath insurance 15c. Vehicle insurance 15c. Vehicle insurance \$156 \$0.00 15c. Chief insurance \$156 \$0.00 15c. Chie | 6a. Electricity, heat, natural gas  |  | 6a. | \$284.00      |
| 6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$475.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$560.00           10. Personal care products and services         10.         \$22.50           11. Medical and dental expenses         11.         \$25.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$275.00           Do not include care payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           15. Insurance.         15.         \$0.00           15a. Lile insurance deducted from your pay or included in lines 4 or 20.         15a. Lile insurance         15a. \$0.00           15b. Health insurance         15b. \$0.00         15c. Vehicle insurance.         15c         \$143.00           15c. Vehicle insurance.         15c         \$143.00         15c. Vehicle insurance.         15c         \$0.00           15c. Vehicle insurance.         15c         \$0.00         15c. Vehicle insurance.         \$0.00         15c. Vehicle insurance.         \$0.00         15c. Car payments for Vehicle 2         \$0.00         \$0.00 </td <td>6b. Water, sewer, garbage collecti</td> <td>on</td> <td>6b.</td> <td>\$0.00</td>  | 6b. Water, sewer, garbage collecti  | on   | 6b. | \$0.00        |
| 7. Food and housekeeping supplies       7.       \$475.00         8. Childcare and childcare's education costs       8.       \$0.00         9. Clothing, laundry, and dry cleaning       9.       \$60.00         10. Personal care products and services       10.       \$25.00         11. Medical and dental expenses       11.       \$25.00         12. Transportation. Include gas, maintenance, bus or train fare.       12.       \$275.00         10. Do not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a       \$0.00         15b. Insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Utelia insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Vehicle insurance Specity:       15d       \$0.00         15c. Vehicle insurance Specity:       15d       \$0.00         15c. Vehicle insurance. Specity:       15d  | 6c. Telephone, cell phone, Interne  | et, satellite, and cable services                                      | 6c. | \$198.00      |
| 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$60.00 10. Personal care products and services 11. \$25.00 11. Medical and dental expenses 11. \$25.00 11. Medical and dental expenses 11. \$25.00 11. Medical and dental expenses 11. \$25.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Othe   | 6d. Other. Specify:                 |  | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9. \$60.00         10. Personal care products and services       10. \$25.00         11. Medical and dental expenses       11. \$25.00         12. Transportation. Include gas, maintenance, bus or train fare.       12. \$275.00         Do not include: car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15.         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance         15c. Vehicle insurance       15b. \$0.00         15c. Vehicle insurance. Specify:       15d       \$0.00         15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       15c.       \$143.00         15c. Vehicle insurance.       15c       \$143.00       \$0.00         15c. Vehicle insurance.       15c       \$0.00         15c. Vehicle insurance.       15c       \$0.00         15c. Vehicle insurance       15c       \$0.00  | 7. Food and housekeeping supplie    | s  | 7.  | \$475.00      |
| 10. Personal care products and services       10.       \$25.00         11. Medical and dental expenses       11.       \$25.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$275.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b       \$0.00       \$0  | 8. Childcare and children's educate | tion costs   | 8.  | \$0.00        |
| 11. Medical and dental expenses       11.       \$25.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$275.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15a.       \$0.00  | 9. Clothing, laundry, and dry clean | ing  | 9.  | \$60.00       |
| 12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$275.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$0.00     15.   Insurance.   | 10. Personal care products and se   | rvices   | 10. | \$25.00       |
| Do not include car payments   13.   13.   13.   13.   13.   13.   13.   14.  | 11. Medical and dental expenses     |  | 11. | \$25.00       |
| 14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       50.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Lefaith insurance       15b. \$0.00       15b. \$0.00         15c. Vehicle insurance       15c. \$143.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$9.00         Specify:       16         17. Installment or lease payments:       17a. \$0.00         17b. Car payments for Vehicle 1       17a. \$0.00         17c. Other. Specify:       17c. \$0.00         17c. Other. Specify:       17c. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19. \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00         20c. Property, homeowner's, or renter's insurance       20c. \$0.00         20d. Maintenance, repair, and upkeep expenses.   |                                     | aintenance, bus or train fare.   | 12. | \$275.00      |
| 15. Insurance.   | 13. Entertainment, clubs, recreati  | on, newspapers, magazines, and books                                   | 13. | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$143.00 15c   \$143.00 15d. Other insurance. Specify:   15d   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:   16   \$0.00   17. Installment or lease payments:   17a   \$0.00   17b. Car payments for Vehicle 1   17a   \$0.00   17c. Other. Specify:   17c   \$0.00   17c. Other. Specify:   17c   \$0.00   17d. Other. Specify:   17d   \$0.00   18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19. Other payments you make to support others who do not live with you.   Specify:   19.   \$0.00   20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a. Mortgages on other property   20a   \$0.00   20b. Real estate taxes.   20b   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00   | 14. Charitable contributions and r  | eligious donations   | 14. | \$0.00        |
| 15b  |                                     | d from your pay or included in lines 4 or 20.                          |     |               |
| 15c. Vehicle insurance   | 15a. Life insurance                 |  | 15a | \$0.00        |
| 15d. Other insurance. Specify:   | 15b. Health insurance               |  | 15b | \$0.00        |
| Specify:   |                                     |  | 15c | \$143.00      |
| Specify:   | 15d. Other insurance. Specify:      |  | 15d | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  | 16. Taxes. Do not include taxes ded | ucted from your pay or included in lines 4 or 20.                      |     |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.   | Specify:                            |  | 16  | \$0.00        |
| 17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   | 17. Installment or lease payments   | :  |     |               |
| 17c. Other. Specify:   | 17a. Car payments for Vehicle 1     |  | 17a | \$0.00        |
| 17d. Other. Specify:   | 17b. Car payments for Vehicle 2     |  | 17b | \$0.00        |
| 17d. Other. Specify:   | 17c. Other. Specify:                |  | 17c | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   |                                     |  | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00   |                                     |  |     | \$0.00        |
| Specify:   |                                     | •  | 18. |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   | , , ,                               | apport others who do not live with you.                                | 10  | \$0.00        |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00   |                                     | ot included in lines 4 or 5 of this form or on Schedule I: Your Income | 19. |               |
| 20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00  |                                     |  | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   |                                     |  |     |               |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00   | 20c. Property, homeowner's, or re   | enter's insurance  |     |               |
|  | 20d. Maintenance, repair, and upl   | keep expenses.   |     |               |
|  | 20e. Homeowner's association or     | condominium dues   | 20e | \$0.00        |

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| Debtor 1 Shanita Short Case number (if known)  |     |            |
|--|-----|------------|
| First Name Middle Name Last Name   |     |            |
| 21. Other. Specify:  | 21  | \$0.00     |
| 22. Calculate your monthly expenses.   |     | \$2,432.00 |
| 22a. Add lines 4 through 21.   |     | \$0.00     |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |     | \$2,432.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | 22. | ΨΣ,402.00  |
| 23. Calculate your monthly net income.   |     |            |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a | \$2,847.13 |
| 23b. Copy your monthly expenses from line 22 above.  | 23b | \$2,432.00 |
| 23c. Subtract your monthly expenses from your monthly income.  |     | \$415.13   |
| The result is your monthly net income.   | 23c |            |
| For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No Yes  Explain here: |     |            |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Shanita    |             | Short                        |  |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |            |             | (*******)                    |  |  |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below   |   |  |  |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |  |
|     | ✓ No  |   |  |  |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary                                  | and schedules filed with this declaration and   |  |  |  |  |  |  |  |  |
|     | that they are true and correct.   |   |  |  |  |  |  |  |  |  |
| ×   | /s/ Shanita Short   | *   |  |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |  |
|     | Date 12/1/2016  | Date  |  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |  |  |  |

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| Fill in this infor                               |            |             |                              |  |
|--|------------|-------------|------------------------------|--|
| Debtor 1   | Shanita    |             | Short                        |  |
|  | First Name | Middle Name | Last Name                    | Check if this is:  |
| Debtor 2<br>(Spouse, if filing)                  | =          |             |                              | An amended filing  |
| (Spouse, II IIIIIg)                              | First Name | Middle Name | Last Name                    |  |
| United States Bankruptcy Court for the: Northern |            |             | District of Illinois (State) | A supplement showing post-petition chapter 13 expenses as of the following date: |
| Case number                                      |            |             | , ,                          |  |
| (If known)                                       |            |             |                              | MM / DD / YYYY   |

### Official Form 106J-2

### Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:  | Describe Your Household                    |
|----------|--|
| 1.Do you | and Debtor 1 maintain separate households? |
| □ N      | o. Do not complete this form.              |
| ☐ Y      | es.  |

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| Fill in this               | information to iden                           | tify your case:                 |                         |                     |                 |          |          |   |
|----------------------------|---|---------------------------------|-------------------------|---------------------|-----------------|----------|----------|---|
| Debtor 1                   | Shanita                                       | •                               |                         | Short               |                 |          |          |   |
| 1                          | First Name                                    |                                 | Middle Name             | Last Nam            | е               |          |          |   |
| Debtor 2<br>(Spouse, if fi | ling) First Name                              |                                 | Middle Name             | Last Nam            | e               |          |          |   |
| United Sta                 | ates Bankruptcy Cou                           | rt for the: Nor                 | hern                    | District of Illino  | is              |          |          |   |
| Case num                   | nber  |                                 |                         | (Stat               | e)              |          |          |   |
| (If known)                 |   |                                 |                         |                     |                 |          |          | Check if this is a                      |
| Offici                     | al Form 1                                     | 07                              |                         |                     |                 |          |          | amended filing                          |
| State                      | ment of Fin                                   | —<br>ancial Δ <sup>.</sup>      | ffairs for Ir           | dividuals           | Filina for      | · Bankrı | intev    | 12/1                                    |
| informati<br>number (      | on. If more space if known). Answe            | is needed, at<br>r every questi | ach a separate s<br>on. | heet to this form   | . On the top o  |          |          | supplying correct<br>your name and case |
|                            | at is your current r                          |                                 | iai Status and W        | mere You Livea      | before          |          |          |   |
| 1. WI                      | at is your current r                          | naritai status?                 |                         |                     |                 |          |          |   |
|                            | Married<br>Not married                        |                                 |                         |                     |                 |          |          |   |
| 2. Dui                     | l   |                                 |                         |                     |                 |          |          |   |
| □                          | ring the last 3 year  No Yes. List all of the | -                               | -                       | s. Do not include v |                 | now.     |          |   |
|                            | Debtor 1:                                     |                                 | Date<br>there           | s Debtor 1 lived    | Debtor 2:       |          |          | Dates Debtor 2 lived there              |
|                            |   |                                 |                         |                     | Same as         | Debtor 1 |          | Same as Debtor 1                        |
|                            | 2901 S. Michigan                              |                                 |                         |                     | _               |          |          | _                                       |
|                            | Number Street                                 |                                 |                         | 01/2013             | Number Stre     | et       |          | From                                    |
|                            |   |                                 | To                      | 12/2015             |                 |          |          | То                                      |
|                            |   |                                 | Code                    |                     | City            | State    | Zip Code |   |
|                            |   |                                 |                         |                     | Same as         | Debtor 1 |          | Same as Debtor 1                        |
|                            | Number Street                                 |                                 | From                    |                     | Number Stre     | eet      |          | From                                    |
|                            |   |                                 | To                      |                     |                 |          |          | То                                      |
|                            | City S  | State Zip                       | Code                    |                     | City            | State    | Zip Code |   |
| and t                      | <i>territories</i> include Ariz<br>No         | ona, California,                | daho, Louisiana, N      |                     | Puerto Rico, Te |          |          | Community property states<br>.)         |

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Case number (if known)

Short

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$30000.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$39000.00 Wages, For last calendar year: commissions, commissions, 2015 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$39000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015 For the calendar year before that: (January 1 to December 31, 2014

Debtor 1 Shanita

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Short Debtor 1 Shanita \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or 1              | Shanita                                |  |  | Sh                                     | ort  | Case number                                 | (if known)   |
|-------------------|--|--|--|--|--|---|--|
|                   | First Name                             |  | Middle Name  | Las                                    | t Name                                       |   |  |
| nsi<br>orp<br>ige | ders include your<br>porations of whic | relatives; a<br>h you are a<br>for a busin | any general partners<br>an officer, director, p<br>ness you operate as | ; relatives of any poerson in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing of domestic support obligations,   |
| <b>✓</b>          | No                                     |  |  |  |  |   |  |
|                   | Yes. List all pay                      | ments to a                                 | an insider.  |  |  |   |  |
|                   |  |  |  | Dates of payment                       | Total amount paid                            | Amount you still owe                        | Reason for this payment  |
|                   | Insider's Name                         |  |  |  |  |   |  |
|                   | Number Street                          |  |  |  |  |   |  |
|                   | City                                   | State                                      | Zip Code   |  |  |   |  |
|                   | Insider's Name                         |  |  |  |  |   |  |
|                   | Number Street                          |  |  |  |  |   |  |
|                   | City                                   | State                                      | Zip Code   |  |  |   |  |
| insi              | der?<br>ude payments on<br>No          | debts gua                                  | tor bankruptcy, daranteed or cosigne                                   | d by an insider.                       | Total amount                                 | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment   |
|                   |  |  |  |  |  |   | Include creditor's name  |
|                   | Insider's Name                         |  |  |  |  |   |  |
|                   | Number Street                          |  |  |  |  |   |  |
| -                 | City                                   | State                                      | Zip Code   |  |  |   |  |
|                   | Insider's Name                         |  |  |  |  |   |  |
|                   |  |  |  |  |  |   | The state of the s |
|                   | Number Street                          |  |  |  |  |   |  |
|                   | Number Street  City                    | State                                      | Zip Code   |  |  |   |  |

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property \$0 HYUNDAI CAPITAL AMERIC Creditor's Name Explain what happened 10550 TALBERT AVE Number Street Property was repossessed. Property was foreclosed. **FOUNTAIN** California 92708 Property was garnished. VALLEY Property was attached, seized, or levied. City State Zip Code Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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| Debt | otor 1 Shanita   | Short                             | Case number (if known)                        |                     |
|------|--|-----------------------------------|---|---------------------|
|      | First Name Middle Name   | Last Name                         |   |                     |
| 11.  | Within 90 days before you filed for bankruptcy accounts or refuse to make a payment because    |                                   | ank or financial institution, set off any amo | unts from your      |
|      | <b>✓</b> No  |                                   |   |                     |
|      |  |                                   |   |                     |
|      | Yes. Fill in the details.  |                                   |   |                     |
|      |  | Describe the action the           | e creditor took  Date action was taken        | Amount              |
|      |  |                                   |   |                     |
|      | Creditor's Name  |                                   |   |                     |
|      | Number Street  |                                   |   |                     |
|      |  |                                   | 1 2000/                                       |                     |
|      | -  | Last 4 digits of account          | number: XXXX-                                 |                     |
|      |  |                                   |   |                     |
|      | City State Zip Code  |                                   |   |                     |
|      | 5.ty 5tate 2.p 5545  |                                   |   |                     |
| 12.  | Within 1 year before you filed for bankruptcy, vappointed receiver, a custodian, or another of |                                   | possession of an assignee for the benefit of  | creditors, a court- |
|      | □ No   |                                   |   |                     |
|      | ✓ No   |                                   |   |                     |
|      | Yes  |                                   |   |                     |
|      |  |                                   |   |                     |
| Part | t 5: List Certain Gifts and Contributions  |                                   |   |                     |
| 13.  | Within 2 years before you filed for bankruptcy   | , did you give any gifts with a t | otal value of more than \$600 per person?     |                     |
|      | <b>√</b> No  |                                   |   |                     |
|      |  |                                   |   |                     |
|      | Yes. Fill in the details for each gift.  |                                   |   |                     |
|      | Gifts with a total value of more than \$600 per person   | Describe the gifts                | Dates you<br>gave the<br>gifts                | Value               |
|      |  |                                   |   |                     |
|      | Person to Whom You Gave the Gift   |                                   |   |                     |
|      | Person to whom you dave the diff   |                                   |   |                     |
|      |  |                                   |   |                     |
|      |  |                                   |   |                     |
|      | Number Street  |                                   |   |                     |
|      | 011. 011. 71. 0.11.  |                                   |   |                     |
|      | City State Zip Code  |                                   |   |                     |
|      | Person's relationship to you   |                                   |   |                     |
|      |  |                                   |   |                     |
|      |  |                                   |   |                     |
|      | Person to Whom You Gave the Gift   |                                   |   |                     |
|      |  |                                   |   |                     |
|      |  |                                   |   |                     |
|      |  |                                   |   |                     |
|      | Number Ctreet  |                                   |   |                     |
|      | Number Street  |                                   |   |                     |
|      |  |                                   |   |                     |
|      | Number Street  City State Zip Code  Person's relationship to you                               | _                                 |   |                     |

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| Debtor 1 | Shanita   | Short Case number   | er (if known)                           |                        |
|----------|---|---|---|------------------------|
|          | First Name Middle Name  | Last Name   |   |                        |
| 1 14/24  | thin 2 years before you filed for bankruptcy, did   | you give any gifte or contributions with a total  | value of more than \$600                | to any charity o       |
| 4. Wit   |   | you give any gifts or contributions with a total  | value of more than \$600                | to any charity?        |
| ✓        | No  |   |   |                        |
|          | Yes. Fill in the details for each gift or contribution  | on.   |   |                        |
|          | Gifts or contributions to charities   | Describe what you contributed   | Date you                                | Value                  |
|          | that total more than \$600  |   | contributed                             |                        |
|          |   |   |   |                        |
|          | Charity's Name  |   |   |                        |
|          |   |   |   |                        |
|          | Number Street   |   |   |                        |
|          | Number Street   |   |   |                        |
|          | City State Zip Code   |   |   |                        |
|          |   |   |   |                        |
| rt 6:    | List Certain Losses   |   |   |                        |
|          | Yes. Fill in the details.  Describe the property you lost and how the loss occurred                 | Describe any insurance coverage for the I Include the amount that insurance has paid. I | ist loss                                | Value of property lost |
|          |   | pending insurance claims on line 33 of <i>Schedol A/B: Property.</i>                    | lule                                    |                        |
|          |   |   |   |                        |
|          |   |   |   | -                      |
| abo      | hin 1 year before you filed for bankruptcy, did y<br>out seeking bankruptcy or preparing a bankrupt | cy petition?  |   | inyone you consuited   |
| Inc      | lude any attorneys, bankruptcy petition preparers, o  | r credit counseling agencies for services required in                                   | your bankruptcy.                        |                        |
|          | No  |   |   |                        |
| <b>✓</b> | Yes. Fill in the details.   |   |   |                        |
|          |   | Description and value of any property transferred                                       | Date payment<br>or transfer<br>was made | Amount of payment      |
|          | Semrad Law Firm   | Attorney's Fee - 175.00   | 11/30/2016                              | \$175.00               |
|          | Person Who Was Paid   | 7.ttomey 3 1 ee - 173.00  | 11/00/2010                              | ψ1.7 3.00              |
|          | 20 S. Clark Street  |   |   |                        |
|          | Number Street   |   |   |                        |
|          | 28th Floor  |   |   |                        |
|          | Chicago Illinois 60603  |   |   |                        |
|          | City State Zip Code   |   |   |                        |
|          | Email or website address  |   |   |                        |
|          |   |   |   |                        |
|          | Person Who Made the Payment, if Not You   |   |   |                        |
|          |   |   |   |                        |
|          | Person Who Was Paid   |   |   |                        |
|          | Number Street   |   |   |                        |
|          |   |   |   |                        |
|          |   |   |   |                        |
|          | City State Zip Code   |   |   |                        |
|          |   |   |   |                        |
|          | Email or website address  |   |   |                        |
|          | Person Who Made the Payment, if Not You   |   |   |                        |

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| Debt |             | Shanita  |  | Short   | Case number (if known)     |                                   |                                  |
|------|-------------|--|--|---|----------------------------|-----------------------------------|----------------------------------|
|      |             | First Name   | Middle Name  | Last Name   |                            |                                   |                                  |
| 17.  | help        | hin 1 year before you filed<br>o you deal with your credit<br>not include any payment or | tors or to make payme                                |   | r behalf pay or transfer   | any property to a                 | nyone who promised to            |
|      |             | No<br>Yes. Fill in the details.  |  |   |                            |                                   |                                  |
|      |             |  |  | Description and value of any transferred          | property                   | Date payment or transfer was made | Amount of payment                |
|      |             | Person Who Was Paid  |  |   |                            |                                   |                                  |
|      |             | Number Street  |  |   |                            |                                   |                                  |
|      |             | City State   | Zip Code   |   |                            |                                   |                                  |
| 18.  | the<br>Incl | ordinary course of your bu   | usiness or financial aff<br>and transfers made as se | ecurity (such as the granting of a s              |                            |                                   |                                  |
|      |             |  |  | Description and value of any property transferred |                            | property or<br>ceived or debts pa | Date<br>aid transfer was<br>made |
|      |             | Person Who Received Tran   | nsfer  |   |                            |                                   |                                  |
|      |             | Number Street  |  |   |                            |                                   |                                  |
|      |             | City State<br>Person's relationship to yo  | Zip Code<br>u  |   |                            |                                   |                                  |
|      |             | Person Who Received Tran   | nsfer  |   |                            |                                   |                                  |
|      |             | Number Street  |  |   |                            |                                   |                                  |
|      |             | City State<br>Person's relationship to yo  | Zip Code<br>u  |   |                            |                                   |                                  |
| 19.  | ben         | eficiary?<br>ese are often called asset-pro  |  | you transfer any property to a s                  | self-settled trust or simi | lar device of whic                | ch you are a                     |
|      |             | Yes. Fill in the details.  |  | Description and value of th                       | e property transferred     |                                   | Date<br>transfer was<br>made     |
|      |             | Name of trust  |  |   |                            |                                   |                                  |

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Short Debtor 1 Shanita Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Short Debtor 1 Shanita Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb  |          | Shanita                    |                |                   | Sh             | nort            | Cas                           | se number <i>(ii</i> | known)        |                 |                                  |
|------|----------|----------------------------|----------------|-------------------|----------------|-----------------|-------------------------------|----------------------|---------------|-----------------|----------------------------------|
|      |          | First Name                 |                | Middle Name       | Las            | st Name         |                               |                      |               |                 |                                  |
| 26.  | Hav      | e you been a part          | y in any judic | ial or administr  | ative proce    | eding under     | any environmer                | ntal law? In         | clude settler | ments and ord   | ers.                             |
|      |          | No<br>Yes. Fill in the def | tails.         |                   |                |                 |                               |                      |               |                 |                                  |
|      |          |                            |                |                   | Court or ag    | ency            |                               | Nature               | of the case   |                 | Status of the case               |
|      |          | Case title                 |                |                   |                |                 |                               |                      |               |                 | Pending                          |
|      |          |                            |                |                   | Court Name     |                 |                               |                      |               |                 | On appeal                        |
|      |          | Case number                |                |                   | NumberStree    | et              |                               |                      |               |                 | Concluded                        |
|      |          |                            |                |                   | City           | State           | Zip Code                      |                      |               |                 |                                  |
| Part | 11:      | Give Details Al            | oout Your B    | Susiness or Co    | nnections      | to Any Bu       | siness                        |                      |               |                 |                                  |
| 27.  | With     | nin 4 years before         | you filed for  | bankruptcy, did   | l you own a    | business or     | have any of the               | following c          | onnections t  | o any business  | s?                               |
|      |          |                            |                |                   |                |                 | activity, either f            | full-time or p       | oart-time     |                 |                                  |
|      |          | A member of A partner in a |                | oility company (L | .LC) or limite | ed liability pa | artnership (LLP)              |                      |               |                 |                                  |
|      |          |                            | -              | naging executiv   | e of a corpo   | oration         |                               |                      |               |                 |                                  |
|      |          | An owner of                | at least 5% o  | f the voting or e | quity securi   | ties of a corp  | ooration                      |                      |               |                 |                                  |
|      | <b>✓</b> | No. None of the a          |                |                   |                | w for each h    | v voino oo                    |                      |               |                 |                                  |
|      | Ш        | Yes. Check all that        | атарріу арол   | re and ill in the |                |                 | usiness.<br>Ire of the busine | ess                  | Employer I    | dentification r | number Do not                    |
|      |          |                            |                |                   |                |                 |                               |                      |               | cial Security n | umber or ITIN.                   |
|      |          | Business Name              |                |                   | _              |                 |                               |                      | EIN:          |                 |                                  |
|      |          | Number Street              |                |                   | —<br>Name      | of account:     | ant or bookkeer               | ner .                | Dates busi    | ness existed    |                                  |
|      |          | City                       | State          | Zip Code          | _              | , or account    | unt of Bookkoop               |                      | From          | То              |                                  |
|      |          |                            |                |                   |                |                 |                               |                      |               |                 |                                  |
|      |          |                            |                |                   | Descr          | ribe the natu   | ure of the busine             | ess                  |               |                 | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                   | _              |                 |                               |                      | EIN:          |                 |                                  |
|      |          | Number Street              |                |                   | _              |                 |                               |                      | Dates busi    | ness existed    |                                  |
|      |          |                            | Obsta          | 7:- 01-           | Name           | of account      | ant or bookkeep               | per                  |               |                 |                                  |
|      |          | City                       | State          | Zip Code          |                |                 |                               |                      | From          | To              |                                  |
|      |          |                            |                |                   |                |                 |                               |                      |               |                 |                                  |
|      |          |                            |                |                   | Descr          | ribe the natu   | ıre of the busine             | ess                  |               |                 | number Do not<br>number or ITIN. |
|      |          | Business Name              |                |                   | _              |                 |                               |                      | EIN:          |                 |                                  |
|      |          | Number Street              |                |                   | - Nome         | of account      | ant or bookkoo                | ner.                 | Dates busi    | ness existed    |                                  |
|      |          | City                       | State          | Zip Code          | — Name         | or account      | ant or bookkeep               | Jei                  | From          | То              |                                  |
|      |          |                            |                |                   |                |                 |                               |                      |               |                 |                                  |
|      |          |                            |                |                   |                |                 |                               |                      |               |                 |                                  |

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| Debto  | or 1 Shanita  | Short                              | Case number (if known)   |
|--------|---|------------------------------------|--|
|        | First Name Middle Nam   | le Last Name                       |  |
|        | creditors, or other parties.  | cy, did you give a financial state | ement to anyone about your business? Include all financial institutions,   |
|        | Yes. Fill in the details below.   |                                    |  |
|        |   | Date issued                        |  |
|        | <del> </del>  | MM/DD/YYYY                         | <u> </u>   |
|        | Name  | MIM/DD/YYYY                        |  |
|        | Number Street   |                                    |  |
|        |   |                                    |  |
|        | City State Zip (  | Code                               |  |
|        | 0' - 0 -  |                                    |  |
| Part ' | 12: Sign Below  |                                    |  |
| tr     | rue and correct. I understand that making a<br>bankruptcy case can result in fines up to \$ | false statement, concealing pro    | hments, and I declare under penalty of perjury that the answers are operty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|        | /s/ Shanita Short   |                                    | ×  |
|        | Signature of Debtor 1   |                                    | Signature of Debtor 2  |
|        | Date 12/1/2016  |                                    | Date   |
| Di     | old you attach additional pages to Your Stat  | ement of Financial Affairs for Inc | lividuals Filing for Bankruptcy (Official Form 107)?   |
|        | No Yes  |                                    |  |
| Di     | olid you pay or agree to pay someone who is   | not an attorney to help you fill o | ut bankruptcy forms?   |
| Ī      | <b>√</b> No   |                                    |  |
|        | Yes. Name of person   |                                    | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

|   |   | Northern Distric                          |  |                              |  |  |  |
|---|---|---|--|------------------------------|--|--|--|
| n re  | Shanita Short  Debtor   |   | Case No.   | (If known)                   |  |  |  |
|   | Debtoi  |   | Chapter  | Chapter 13                   |  |  |  |
| 1.  | DISCLOSURE OF  Pursuant to 11 U.S.C. § 329(a) and I compensation paid to me within one  | Fed. Bankr. P. 2016(b), I certit          |  | ovenamed debtor(s) and that  |  |  |  |
|   | rendered or to be rendered on behalf<br>For legal services, I have agreed to a  | bankruptcy case is as follows: \$4,000.00 |  |                              |  |  |  |
|   | Prior to the filing of this statement I   | have received                             |  | \$175.00                     |  |  |  |
|   | Balance Due   |   |  | \$3,825.00                   |  |  |  |
| 2.  | The source of the compensation pair   | d to me was:                              |  |                              |  |  |  |
|   | <b>✓</b> Debtor   | Other (specify)                           |  |                              |  |  |  |
| 3.  | The source of the compensation pai  | d to me is:                               |  |                              |  |  |  |
|   | <b>✓</b> Debtor   | Other (specify)                           |  |                              |  |  |  |
| 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. |   |   |  |                              |  |  |  |
|   | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |   |  |                              |  |  |  |
| 5.  |   |   | eed to render legal service for all aspects of the bankruptcy case, including: on, and rendering advice to the debtor in determining whether to file a petition in |                              |  |  |  |
|   | b. Preparation and filing of any  | petition, schedules, statemer             | nts of affairs and plan which may b  | pe required;                 |  |  |  |
|   | c. Representation of the debtor   | at the meeting of creditors a             | and confirmation hearing, and any a  | adjourned hearings thereof;  |  |  |  |
|   | d. Representation of the debtor   | in adversary proceedings an               | d other contested bankruptcy mat   | ters;                        |  |  |  |
| 6.  | By agreement with the debtor(s), the above-disclosed fee does not include the following services:   |   |  |                              |  |  |  |
|   |   |   |  |                              |  |  |  |
|   | certify that the foregoing is a comple  | CERTIFIC.                                 |  | me for representation of the |  |  |  |
|   | cor(s) in this bankruptcy proceedings.  | te statement of any agreemen              | nt or arrangement for payment to h   | ne for representation of the |  |  |  |
|   | 12/1/2016 /s/ Mike Miller   |   |  |                              |  |  |  |
|   | Date Signature of Attorney  |   |  |                              |  |  |  |
|   |   |   | Semrad Law Firm  |                              |  |  |  |
|   |   |   | Name of law firm   |                              |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

| \$245 |       | filing fee         |
|-------|-------|--------------------|
|       | \$75  | administrative fee |
| +     | \$15  | trustee surcharge  |
|       | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Short, Shanita | Case No  | Case No.                            |  |  |
|-----------------|----------------|--|-------------------------------------|--|--|
|                 | Debtor(s)      |  |                                     |  |  |
|                 |                | Chapter.                                       | Chapter13                           |  |  |
|                 | VERIF          | ICATION OF CREDITOR MAT                        | RIX                                 |  |  |
| TI<br>knowledge |                | rify that the attached list of creditors is tr | ue and correct to the best of their |  |  |
| Date:           | 12/1/2016      | /s/ Short, Shanita                             | a                                   |  |  |
|                 |                | Short, Shanita<br>Signature of Deb             | otor                                |  |  |

B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

### Northern District of Illinois

|   |  |  | District of Illinois  |   |  |
|---|--|--|---|---|--|
| ı re  | Shanita Short  |  | Case No.  |   |  |
|   | Debtor   |  | Chanter   | (if known)  |  |
|   |  |  | Chapter   | Chapter 13  |  |
|   | DISCLOSURE O   | F COMPENSA   | ATION OF ATTORNEY FO  | OR DEBTOR   |  |
| 1.  | compensation paid to me within   | one year before the filing                               | ), I certify that I am the attorney for the abor<br>of the petition in bankruptcy, or agreed to<br>intemplation of or in connection w ith the b | he paid to me, for services                             |  |
|   | For legal services, I have agreed t  | o accept   |   | \$4,000.00  |  |
|   | Prior to the filing of this statemen   | nt I have received                                       |   | \$175.00  |  |
|   | Balance Due  |  |   | \$3,825.00  |  |
| 2.  | The source of the compensation   | paid to me was:  |   |   |  |
|   | <b>Debtor</b>  | Other (s   | pecify)   |   |  |
| 3.  | The source of the compensation   | paid to me is:   |   |   |  |
|   | ✓ Debtor   | Other (s   | pecify)   |   |  |
| 4.  | I have not agreed to share the members and associates of n                         | e above-disclosed compe<br>ny law firm.                  | ensation with any other person unless they  | are   |  |
| I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |  |  |   |   |  |
| 5.  | In return for the above-disclosed<br>a. Analysis of the debtor's fi<br>bankruptcy; | fee, I have agreed to rend<br>nancial situation, and ren | der legal service for all aspects of the bankn<br>idering advice to the debtor in determining   | uptcy case, including:<br>whether to file a petition in |  |
|   | b. Preparation and filing of a   | ıny petition, schedules, st                              | tatements of affairs and plan which may be  | required;   |  |
|   | c. Representation of the deb   | tor at the meeting of cred                               | fitors and confirmation hearing, and any ac   | ijourned hearings thereof;                              |  |
|   | d. Representation of the deb   | tor in adversary proceedi                                | ngs and other contested bankruptcy matte  | rs;   |  |
| 6.  | By agreement with the debtor(s), t   | the above-disclosed fee c                                | does not include the following services:  |   |  |
|   |  |  |   |   |  |
| ···   |  | CEF  | RTIFICATION   |   |  |
| debto   | certify that the foregoing is a compor(s) in this bankruptcy proceeding            | plete statement of any ag<br>s.                          | reement or arrangement for payment to me  | for representation of the                               |  |
|   | 11/30/2016   |  | /s/ Chad Mizelle  |   |  |
|   | Date   | <u> </u>   | Signature of Attorney   |   |  |
|   |  | W  | Comment No.   |   |  |
|   |  | / <u>\</u>   | Semrad Law Firm   |   |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$382.00
- 3. Before signing this agreement, the attorney has received, \$175.00 toward the flat fee, leaving a balance due of \$3,825.00; and \$72.00 for expenses, leaving a balance due of \$4,207.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

/s/ Chad Mizelle

Attorney for Debtor(s)

| Date:     | 11/30/20 | 116          |
|-----------|----------|--------------|
| Signed:   |          | MIL JW.      |
| /s/ Shani | ta Short | TEAK MITHINE |
|           |          |              |
| Debtor(s) |          |              |

Do not sign if the fee amounts at top of this page are blank.

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| Debtor 1 Shanita First Name   | Middle Name  | Short<br>Last Name   | Case number (II known)  |   |
|---|--|--|---|---|
|   | estions for Reporting Purpose  |  |   |   |
| 16. What kind of debts do you have?   | 16a. Are your debts primaril   | y consumer debts? Con<br>al primarily for a personal,<br>y business debts? Busin<br>investment or through th   | , family, or household<br>ess debts are debts the<br>e operation of the bus   | purpose."<br>at you incurred to obtain<br>siness or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that   |  | er any exempt property<br>stribute to unsecured cre   | is excluded and administrative<br>editors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | 7 1-49<br>50-99<br>100-199<br>200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | Emai  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001  | \$50 million \$100 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001  | \$50 million [7]<br>\$100 million [7]   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion  |
|   | I have examined this petition, a correct.  If I have chosen to file under CI of title 11, United States Code. under Chapter 7.  If no attorney represents me an out this document, I have obtain I request relief in accordance will understand making a false state connection with a bankruptcy of both. 18 U.S.C. §§ 152, 1341,  /s/ Shanita Short Signature of Debtor 1  Executed on | napter 7, I am aware that I<br>I understand the relief av<br>d I did not pay or agree to<br>ned and read the notice r<br>ith the chapter of title 11,<br>tement, concealing proper<br>case can result in fines up<br>1519, and 3571. | I may proceed, if eligiby allable under each charped pay someone who is equired by 11 U.S.C. § United States Code, serty, or obtaining mone | ale, under Chapter 7, 11,12, or 13 apter, and I choose to proceed not an attorney to help me fill § 342(b). specified in this petition. ay or property by fraud in sonment for up to 20 years, or |
| er kir erlik dag kirin di kirin sakan gan tilbin propaksinga bilan pinak yang bilan saran sa sasasan san  | MM / DE  | <del></del>  |   | MM / DD / YYYY  |

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| Fill in this info               | mation to identify your case                         | )  | 35 mg (250)   |   |   |
|---------------------------------|--|--|---|---|---|
| Debtor 1                        | Shanita<br>First Name                                | Middle Name                                      | Short<br>Last Name  |   |   |
| Debtor 2<br>(Spouse, if filing) | First Name   | Middle Name                                      | Last Name   |   |   |
| United States E                 | Bankruptcy Court for the: N                          | orthern  | District of Illinois (State)                                      |   |   |
| Case number<br>(If known)       |  |  | (Oldie)   |   |   |
| Official                        | Form 106Dec  |  |   | <b>-</b>  | Check if this is ar amended filing      |
| Declarat                        | ion About an In                                      | dividual Debt                                    | or's Schedules  |   | 12/15                                   |
| money or prop                   | erty by fraud in connection<br>1341, 1519, and 3571. | bankruptcy schedules o<br>with a bankruptcy case | or amended schedules. Making<br>e can result in fines up to \$250 | g a false statement, concealing prop<br>0,000, or imprisonment for up to 20 y | erty, or obtaining<br>ears, or both. 18 |
| Did you p                       | ay or agree to pay someon                            | who is NOT an attorne                            | y to help you fill out bankrupt                                   | lcy forms?  |   |
| Yes.                            | Name of person                                       |  | Attach Bankruptcy Petitic<br>Signature (Official Form             | on Preparer's Notice, Declaration, and<br>119).                               |   |
|                                 |  | $\wedge \wedge I$                                |   |   |   |
| Under per that they             | are true and correct.                                | At I have read the sum                           | nary and schedules filed with                                     | this declaration and  | :                                       |
| Signature o                     |  | LVIVI  | Signature of D  | ebtor 2   |   |
| Date 11/3                       | 0/2016<br>DD/YYYY                                    |  | Date MM/DD  |   |   |

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| Debtor 1 | t Shanita                          |  | Short                    | Case number (if known)  |
|----------|------------------------------------|--|--------------------------|---|
|          | First Name                         | Middle Name  | Last Name                |   |
| 28. Wi   | ithin 2 years t<br>editors, or otl | efore you filed for bankruptcy, did you<br>er parties. | ı give a financial state | ment to anyone about your business? Include all financial institutions,   |
|          | No<br>Yes, Fill in t               | ne details below.                                      |                          |   |
|          |                                    |  | Date issued              |   |
|          | Name                               |  | MM/DD/YYYY               | _   |
|          | Number S                           | treet  |                          |   |
|          |                                    |  | ,                        |   |
|          | City                               | State Zip Gode   |                          |   |
| Part 12  | Sign Belo                          | w  |                          |   |
| true     | and correct.                       | l understand that making a false state                 | ment, concealing pro     | iments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | 3                                  | Signature of Debtor 1                                  |                          | Signature of Debtor 2   |
|          | E                                  | Date 11/30/2016  |                          | Date  |
| Did y    | you attach ad                      | ditional pages to Your Statement of F                  | inancial Affairs for Ind | viduals Filing for Bankruptcy (Official Form 107)?  |
| Z        | No<br>Yes                          |  |                          | ,   |
| Did y    | ou pay or agi                      | ee to pay someone who is not an atto                   | rney to help you fill ou | t bankruptcy forms?   |
|          | No                                 |  |                          |   |
|          | Yes. Name of                       | person   |                          | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

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#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| III re:                                 | Debtor(s)  | Case No                                    | Case No.   |  |  |
|---|--|--|--|--|--|
|   |  | Chapter.                                   | Chapter13  |  |  |
|   | VERIF  | ICATION OF CREDITOR MA                     | TRIX   |  |  |
| Th<br>knowledge                         | ne above named Debtors hereby ve   | ify that the attached list of creditors is | st of creditors is true and correct to the best of their |  |  |
| Date:                                   | 11/30/2016   | /s/ Short, Shan                            | ina Martina de Martina                                   |  |  |
| *************************************** | And the second s | Short, Shanita<br>Signature of Do          | ZMARPO COLOR   |  |  |

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| Debte  | or 1   | Shanita   |  | Short                                       | Case number ((tknown)   |                         |  |
|--|--|---|--|---|---|-------------------------|--|
|  |  | First Name  | Middle Name  | Last Name                                   | Case tratings (axiom)   |                         |  |
| 16. Calculate the median family income that applies to you. Follow these steps:  |  |   |  |   |   |                         |  |
|  | 168  | a. Fill in the state in which you   | i live.  | Illinois                                    | <del></del>   |                         |  |
|  | 16t  | o. Fill in the number of people   | in your household.   | 2   |   |                         |  |
|  | 160  | <ul> <li>Fill in the median family inco<br/>household<br/>using the link specified in th</li> </ul> |  | To fir                                      | nd a list of applicable median income amounts, go<br>may also be available at the bankruptcy clerk's offi | \$65,659.00<br>o online |  |
| 17.  | How do the lines compare?  |   |  |   |   |                         |  |
| 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is munder 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 1220 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 1220-2). On I form, copy your current monthly income from line 14 above. |  |   |  |   |   | letermined<br>}.        |  |
|  |  |   |  |   |   | fer 11<br>39 of that    |  |
| Part   | )  | Calculate Your Commit   | ment Period Under 1  | 1 U.S.C. §1325(I                            | b)(4)   |                         |  |
| 18.  | Cop  | y your total average month  | ly income from line 11.                                    |   |   | \$3,564.08              |  |
| 19.  | Dec<br>con   | duct the marital adjustment<br>nmitment period under 11 U.S   | if it applies. If you are m<br>S.C. § 1325(b)(4) allows yo | arried, your spouse<br>ou to deduct part of | is not filing with you, and you contend that calcu<br>your spouse's income, copy the amount from lin      | ılating the             |  |
|  | 19a  | . If the marital adjustment doe   | es not apply, fill in 0 on line                            | e 19a.                                      |   | -\$0.00                 |  |
|  | 19b  | . Subtract line 19a from line   | e 18.  |   |   | \$3,564.08              |  |
| 20.  | Cal  | culate your current monthly   | / income for the year. Fo                                  | llow these steps:                           |   |                         |  |
|  | 20a  | . Copy line 19b.  |  |   |   | \$3,564.08              |  |
|  |  | Multiply by 12 (the number of   | of months in a year).                                      |   |   | x12                     |  |
|  | 20b  | . The result is your current mo   | onthly income for the year                                 | for this part of the fo                     | orm.  | \$42,768.96             |  |
|  | 20c  | . Copy the median family inco   | ome for your state and size                                | of household from                           | line 16c.   | \$65,659.00             |  |
| 21.  | Hov  | v do the lines compare?   |  |   |   |                         |  |
|  | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.             |   |  |   |   |                         |  |
|  | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. |   |  |   |   |                         |  |
| Pairt é  | <b>j</b> 5   | Sign Below  |  |   |   |                         |  |
|  |  | By signing here, I declare und  | fer/penalty of perjury that t                              | he Information on the                       | nis statement and in any attachments is true and o  | correct.                |  |
| * /s/ Shanita Short ** / / / / / / **  |  |   |  |   |   |                         |  |
|  |  | Signature of Debtor 1   |  | 3 -   | Signature of Debtor 2   |                         |  |
|  |  | Date 11/30/2016<br>MM/DD/YYYY   |  |   | Date MM/DD/YYYY   |                         |  |
|  |  | If you checked 17a, do NOT f  |  |   | NO WELL LE  |                         |  |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

HYUNDAI CAPITAL AMERIC 10550 TALBERT AVE FOUNTAIN VALLEY , CA 92708

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

I C SYSTEM INC PO BOX 64378 SAINT PAUL , MN 55164

CBNA PO Box 6497 Sioux Falls , SD 57117

ESCALLATE LLC 1606 E TURKEYFOOT LAKE R AKRON, OH 44312

SYNCB/GAP P.O. BOX 29116 SHAWNEE MISSIO, KS 66201

M3 Financial Services 10330 Roosevelt Rd #200 Westchester , IL 60154

Commonwealth Edison 3 Lincoln Ctr Attn: Bankruptcy Department Oakbrook Ter , IL 60181

City of Chicago Department of Revenue 121 North LaSalle Street Chicago , IL 60602

Arnold Scott Harris 111 W. Jackson # 600 Chicago , IL 60604

Village of Melrose Park 1 N. Broadway Melrose Park , IL 60160

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Comcast Cable c/o Xfinity PO Box 2127 Austell , GA 30168

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TCF 1405 XENIUM LN N STE 180 Minneapolis , MN 55441

PLS - Bankruptcy 800 Jorie Blvd 2nd Floor Oak Brook , IL 60523